

Oxfordshire Crossroads

Crossroads Care West Berkshire

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

The inspection was carried out on 29 January 2016. The provider had been given 48 hours' notice of the inspection to ensure the people concerned could be contacted in person. The service had last been inspected on 19 June 2013 and had been found to be meeting all the assessed standards.

Crossroads Care West Berkshire is a domiciliary care service providing support to people with learning disabilities in the Newbury and Reading area. About 140 people were being supported by the agency on the date of the inspection.

The service had a manager who had been working in this position for four weeks. The manager was going through the registration process with the Care Quality Commission (CQC) to become registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were well-supported by the agency. All staff received training in safeguarding adults. There were clear policies and procedures in place to support staff if any concerns were raised.

Risk assessments clearly identified risks and gave staff guidance on how to minimise those risks. The assessments were designed to keep people and staff safe whilst allowing people to develop and maintain their independence.

People who use the service and their relatives spoke highly of the service in terms of its organisation and management. People described staff supporting them as reliable. Moreover, staff rota was effectively organised to meet people's needs.

Where people needed assistance in taking their medicine, this was administered in a timely manner by staff who had been trained to carry out this role. If needed, staff liaised with healthcare professionals immediately to help monitor and maintain people's health and well-being.

At our inspection we found that the provider was working within the principles of the MCA where it was necessary and appropriate to the needs of people they supported. The MCA (Mental Capacity Act 2005) 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Assessments were undertaken to identify people's support needs and care plans were developed outlining

how these needs were to be met. We found that care plans were detailed, which enabled staff to provide the individualised care people needed. People told us they were involved in developing their care plans. They were also consulted about the way their care was delivered to ensure their wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's backgrounds, life histories, preferences and routines.

A complaints procedure was in place, enabling people to raise their concerns at any time. Each person was given a copy of the agency's complaint procedures. People said they were confident that their concerns would be handled appropriately and efficiently.

Staff told us they enjoyed their work and were well-supported by the management through supervision, appraisals and training. The manager spoke highly of the staff team, describing them as "committed and enthusiastic in their approach to their work".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were helped to stay safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were suitable for the roles they performed.

Sufficient staff were appropriately recruited and trained to keep people safe.

Suitable systems were in place to manage risk. Staff were appropriately briefed about the identified risks prior to working with people.

Is the service effective?

Good ●

The service was effective.

Staff were provided with appropriate induction and training to effectively meet the needs of the people who use the service. Staff members were supported by the manager through effective supervision and appraisals.

People were cared for by staff who understood people's health needs and the risks associated with their well-being.

Staff obtained people's agreement and consent before support was provided.

Is the service caring?

Good ●

The service was caring.

People who use the service and their relatives were consistently positive about the staff and their approach.

People were involved in making decisions about their care and the support they received.

The confidentiality of personal information was maintained

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and reviewing of the support provided.

Support plans were regularly monitored, reviewed and updated to ensure all current needs were addressed appropriately.

The agency had a clear policy of complaints. People said they would feel confident in raising issues if such a need arose.

Is the service well-led?

Good ●

The service was well-led.

Staff and people told us that the manager was approachable.

Quality assurance systems were used to continually check the standards of delivering care and support. This enabled the provider to monitor the quality of the service closely, and make improvements where needed.

Staff understood their roles and responsibilities and were well-supported by the management.

Crossroads Care West Berkshire

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 had been planned to check whether the provider was 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.

This inspection took place on 31 January and was carried out by one adult social care inspector. Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which might affect the health and wellbeing of people.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority if they had any information to share with us about this service. The local authority is responsible for monitoring the quality of the service as well as the funding of the care and support for some people.

As part of the inspection process, we spoke to six people receiving care from the service. We also spoke with three relatives, four members of staff, the manager, and one of the company directors.

We looked at the records for five people. We examined records relating to the management of the service, staff recruitment and training. We also looked at files for four staff members, medication charts, staffing rotas, health and safety related information, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "I feel very safe". A relative told us "Yes, I believe she is safe with them".

Staff demonstrated a clear understanding of the types of abuse that might occur. They knew what signs they needed to look for and what they would do if they thought someone was at the risk of abuse. They gave us examples of poor or abusive care to watch out for and were able to talk about the actions they would take to respond to it. Staff training records confirmed that all staff had completed training in safeguarding adults from abuse. Staff were also aware of the whistleblowing policy. They knew when and how to take their concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. The manager told us there were opportunities for safeguarding concerns to be discussed at meetings. Policies and procedures on safeguarding were available for staff to refer to if needed.

The service completed a recruitment and selection process before employing staff to make sure they had relevant skills and experience. We looked at the recruitment files for four staff members and found that all appropriate checks had been undertaken before staff had commenced their employment. Staff spoken with confirmed that they had attended an interview and that all the relevant checks had been obtained, including appropriate references and Disclosure and Barring (DBS) checks. These checks ensured that they were suitable to work with people who use the service. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults.

People we spoke with were complimentary about staffing levels. They said staff were always reliable and completed their scheduled tasks to people's satisfaction. One relative confirmed that staffing levels were appropriate to meet the needs of their relative. They told us their relative always received the agreed amount of care punctually at the scheduled times.

We looked at the copies of people's care plans and day-to-day care records at the agency's office. Records were in place to monitor any specific areas where people were might be prone to risk. Assessments were undertaken to assess various risks to people who use the service. These included environmental risks and others. For example, risks related to using equipment such as a hoist, or risks related to moving and handling a person in their own home were taken into account. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff were able to tell us how they would support a person who may be at a particular risk. They knew their duty to report their concerns if they observed a person was in danger, for example resulting from a fall, malnutrition or insufficient intake of fluids.

All incidents and accidents that occurred at the locations where people received support were recorded, investigated and reviewed by the service managers. This was to ensure that relevant steps were taken to identify, monitor and reduce recurring risks.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the procedures they followed. Staff received medicine competency assessments on a regular basis. We looked at the completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medicines. We also saw records of staff's medication training. Staff told us that they only administered medicines after having completed this training.

Is the service effective?

Our findings

People who use the service praised the effectiveness of their staff team. One person said, "The staff are brilliant." One of the relatives told us, "They are well-trained and efficiently encompass all aspects of the needs of my wife who is unable to do anything for herself".

New members of staff completed an induction process which covered the provider's policies and procedures and mandatory training. The process also required new staff to shadow experienced colleagues to gain knowledge and understanding of their role. Staff told us that they were allocated to work independently only after the manager had assessed them as competent and they themselves felt able to do the job. Staff informed us that they were provided with full information about people they would support prior to meeting them. They said that this enabled them to get a good overview of people's individual needs. It gave them the opportunity to learn what methods of communication an individual needed or what medical condition made them require some specialised support. The staff induction incorporated the new Care Certificate. The Care Certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care.

Following their induction, staff continued to receive further training in areas specific to people they worked with. These areas included: moving and positioning, medication awareness, food hygiene, fire awareness, safeguarding, and the Mental Capacity Act 2005. The personnel files contained the records of the training they had completed. This confirmed that detailed programme of training was in place to ensure that all members of staff were kept up to date with current practice.

The service used links with organisations that provide sector-specific guidance and training to ensure best practice in leadership and the delivery of care, such as United Kingdom Homecare Association (UKHCA) or Skills for Care.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

The manager and staff were knowledgeable about the Mental Capacity Act 2005 and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person while providing care. Consent to care and treatment was considered by the service while planning individuals' care and support.

Staff received quarterly one-to-one supervision and annual appraisal meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities. It also ensured they were adequately supporting people who use the service. In addition,

supervisions gave staff the opportunity to raise any concerns they had about running the service or care and support delivery.

Staff were knowledgeable of people's nutritional needs and supported them to maintain a healthy balanced diet wherever possible. They had access to detailed guidance on people's dietary needs and preferences. The levels of support provided varied in accordance with people's individual needs and abilities. Some people required minimal support whereas others required assistance in planning their menus, shopping for food and preparing meals.

The service supported people to access services from a variety of healthcare professionals, including GPs, dieticians, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared relevant information with professionals effectively and involved them in the process of care delivery appropriately.

Is the service caring?

Our findings

People who used the service, together with some of their relatives, told us that staff provided support in a kind, compassionate and caring way. One person told us, "They are very helpful and they treat me with respect." One of the relatives told us, "Their timekeeping is faultless, and both my wife and her bed and facilities are left clean and tidy on their departure, having ensured that nothing remains outstanding and that she is warm and comfortable".

The manager told us that respecting people's privacy and dignity formed a regular part of reflective practice with staff through staff meetings, supervision and training. There was a personal care policy in place which provided staff with a guidance on how to protect people's dignity and treat them with respect. We saw this reflected in the daily records. All of people we spoke with and their relatives felt that privacy and dignity was respected. Staff we spoke with said that the issues of privacy, dignity and confidentiality had been discussed during their induction. They gave the example of ensuring curtains were closed and internal doors shut while providing care as maintaining this.

People were given choices and supported to make various decisions concerning their daily routines. These included choosing meals, clothing and where they wanted to spend their time. Before staff undertook any actions, they explained to people what they were going to do and why they asked for their permission. As people confirmed it, staff encouraged people to keep their independence and control as many areas of their life as possible. Care plans described how staff should encourage and support people to do as much for themselves as they could.

People's care was provided by staff whose caring behaviours had been assessed during structured interviews as a part of the recruitment process. The manager said if there were any concerns about a candidate's ability to get on with people, they would not be offered employment. The service matched staff to people they supported by allocating staff who had similar interests to the person. They also ensured that people's specific preferences in relation to the age or gender of staff were suited.

Staff were knowledgeable of people's needs, preferences and personal histories. One relative told us, "As she is unable to speak, their care and consideration to understand her likely requirements are of a high order". Staff told us they had access to people's care plans and were given time to read them. They felt this was an important part of learning what mattered to people. We saw people's consent had been sought for decisions about their care package, level of support required and how they wanted this support to be provided.

People were supported to maintain their personal, cultural and religious needs. The training in equality and diversity plus relevant policy helped to ensure that people's diversity was respected as part of the strong culture of individualised care.

Staff were aware of their responsibilities in confidentiality and preserving information securely. They knew they were bound by a legal duty of confidence to protect personal information they may come across during

the course of their work. The manager said they were always trying to ensure that staff knew how to access and how to share any personal information safely.

The service had received ten compliments since our last inspection. The comments included, "All of the care givers I have met with have been caring and professional, and they have always arrived at my home on time, with a welcome greeting and a smile".

Is the service responsive?

Our findings

People told us and the viewed records confirmed that people were involved in planning their care and support. Each person we spoke with advised they had been consulted about their care and support. One relative told us, "Nothing is left to chance, or not fully reviewed".

People received personalised care and support that met their individual needs and took full account of their preferences and personal circumstances. Detailed information and guidance had been drawn up to help staff provide care in a person centred way, based on people's individual health and support needs. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.

The service promoted open and on-going discussions with people and their family members who were encouraged to speak on behalf of their relatives. People and relatives could express their opinion face to face, over the phone or through an anonymous questionnaire. The service employed a full time Client Liaison Officer in order to support people to express their views and be actively involved in making decisions about their care, treatment and support. The liaison officer contacted people on a two monthly basis or more often if required gathering their views and opinion about the service and possible areas of improvement as well as encouraging people and involving them in the decision regarding their care.

Staff completed daily records of the care and support that had been provided to people. All of the records we looked at detailed task-based activities such as assistance with personal care, nutrition and moving and handling. People's well-being was also recorded and any concerns raised were documented. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of people's needs and the care staff should give to meet these. In one care plan there was a warning for staff to be cautious as a person may choke if food was not appropriately prepared. In another care plan it was highlighted that a person was hard of hearing and staff needed to ensure the person could see them whilst they were talking.

Staff told us that the service was committed to a person-centred philosophy of service delivery. It meant that people's rights were promoted and meaningful activities facilitated to them. In addition, their abilities, preferences and aspirations were recognised by staff. People were supported to take part in activities within and outside their home. This included accompanying people to local amenities, which included going out for a coffee or shopping. One person told us "My carer is brilliant. She takes me shopping when I need it and where I want to shop". People were also provided with supplementary service, such as a dementia café, dementia support groups, a food bank or music groups run by professional musicians.

People and relatives were aware how to make a complaint. Each person was given relevant documentation when they commenced using the service. This included the complaints policy and procedure. People told us they felt able to raise any concerns and that these would be quickly responded to; however, they had not

needed to raise any concerns so far.

Is the service well-led?

Our findings

The previous registered manager left early in November 2015. The provider had put in place interim management arrangements whilst recruiting a new manager. At the time of our inspection, the new manager had applied to the Care Quality Commission to be registered and was awaiting to finalise the registration process.

The manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements.

People who use the service said they felt comfortable and at ease discussing care needs and other issues with the manager. We saw the manager had an open door policy which encouraged people who use the service, their family members and staff for open discussion. The manager engaged with people in every day occasions, was clearly known to them and trusted.

The atmosphere in the office was friendly and professional. Staff were able to speak to the manager whenever needed, who in turn was supportive. The manager had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the manager. One member of staff told us, "The service is very well managed".

We saw that the manager enabled people, their families and friends to discuss any issues they may have. Risk assessments, the incidents/accidents book, training plans and spot checks were audited by the manager. We saw that the service had developed and put in place a system to analyse incidents that had resulted, or had the potential to result, in harm. This was used to avoid any further incidents. The service identified, assessed and monitored risks relating to people's health, welfare, and safety.

Further documentation viewed showed that the manager and senior staff members were responsible for monitoring the performance of care staff by carrying out spot checks. These checks involved visiting the people who use the service to find out if they were satisfied with staff support and the service provided. Checks included the timing of visits, attitude of staff and other minor issues, such as staff wearing their uniforms and identification badges.

We saw there were arrangements in place to enable people who use the service and staff to contribute to the enhancement of the service delivery. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who use the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance policy outlined the service's approach to monitoring and improving the quality and high standards in service provision.

The service held regular two monthly staff meetings where open discussions took place related to service operation. Staff told us these meetings were useful and allowed them to contribute to the service

development and improvement by sharing their ideas. Staff also stated that they were encouraged to raise their concerns if they had encountered any difficulties. In such cases, the manager worked with them to find solutions.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including the conditions of registration with the CQC, and those placed on them by other external organisations were understood and met.

We found the provider had reported safeguarding incidents and notified the CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act.