

Carers in Hertfordshire

Crossroads Hertfordshire South

Inspection report

Carers in Hertfordshire, Warwick House.
2 Oaks Court, Warwick Road
Borehamwood
Hertfordshire
WD6 1GS

Tel: 02089051158

Website: www.carersinherts.org.uk

Date of inspection visit:

28 November 2017

29 November 2017

06 December 2017

Date of publication:

18 January 2018

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults and people with a physical disability. The inspection took place on the 28, 29 November and 6 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to make sure that the relevant people would be there to help support our inspection.

This was the first inspection since the service was registered in November 2016. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People felt safe and staff were aware of how to protect people from avoidable harm and keep people safe. Individual risks were assessed and managed effectively. There were adequate trained staff to meet people's needs and they had been recruited through a robust recruitment process. Where required people were supported to take their medicines safely by staff who had been trained.

People were assisted in a person centred way by staff who were well supported by the management team. The management and staff were aware of how to obtain people's consent and knew about the MCA principles. Care plans were detailed and people had been involved in developing and reviewing them.

People were treated with dignity and respect. Staff recognised that they were visitors in people's own homes. People and their relatives told us that they did not have any complaints but knew they could raise any concerns and were they would be addressed in a timely way.

There were systems in place to monitor the quality of the service. People were involved in giving feedback and people felt their input was valued and that they were listened to. People, their relatives and staff told us that they felt the service was well managed and were consistently positive about the culture of the service.

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 supported safely.

Staff had been trained and knew how to recognise and report any risks to people's safety.

There was a robust recruitment process in place.

There were sufficient staff to meet people's needs at all times.

People were assisted to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and were well supported.

Staff were aware of the principles of the Mental Capacity Act 2005 and the need to obtain people's consent.

People were supported to eat and drink sufficient amounts to maintain their health.

People and their family members were supported to maintain their health through access to a range of health care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

People's privacy and dignity was promoted and maintained.

People's preferences were taken into account.

People's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care that was responsive to their changing needs.

People were involved in planning and the review of their care.

People knew how to raise a concern through the complaints process confident any concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

People and staff were positive about how the service operated and was managed.

There were systems and processes in place to monitor the quality of the service.

People's views were obtained and taken into account.

Crossroads Hertfordshire South

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on the 28, 29 November and 6 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to make sure that the relevant people would be there to help support our inspection.

The inspection was completed by one inspector and an 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.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We used information the provider sent us in the Provider Information Return (PIR). 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. The most recent PIR was received on 06 October 2017.

During the inspection we spoke with three people who used the service, five staff members, six relatives, the chief executive, the care coordinator, the human resources manager and the registered manager and the service manager.

We received feedback from the local commissioners. We reviewed care records relating to three people who used the service, four staff recruitment records and training. We reviewed quality monitoring information and other records relevant to the overall running of the service.

Is the service safe?

Our findings

People told us that they felt safe. Relatives also felt people were kept safe. One relative told us "I am very satisfied; the service is 100% safe. The carers are very knowledgeable".

People were supported by staff who knew how to recognise and report potential abuse. Staff had received regular training and refresher training when required. There was information about safeguarding people from abuse displayed at the office which was a reminder to all staff of the process to report concerns. Staff spoken to were able to describe the process for reporting concerns and were aware of the different types of abuse.

Potential risks to people's health, and well-being were assessed and kept under regular review to help ensure people's continued safety. Staff were aware of how to keep people safe and told us the risk assessments provided them with detailed information about how to mitigate risks. For example risk assessments were in place for moving and handling, medicines and mobility. One relative told us "It is definitely a safe service; my [name] is no longer mobile and has communication problems. They have all the equipment they need to help keep her safe including a specialist bed". The assessments were detailed and identified potential risks to people's safety and the measures in place to reduce the risk.

People, relatives and staff told us that they felt there were sufficient staff available to meet people's needs which included providing 'informal and family carers' with respite and short breaks. Staff were allocated 'travel' time in between visits to help ensure they arrived at the agreed times. Arrival and departure times were monitored through the rostering system in use at the service.

People were cared for by staff who had been recruited through a robust recruitment process. All pre-employment checks were completed to help ensure staff were suitable to work in this type of service. One staff member told us "They completed lots of checks when I was being recruited". They went on to say "I completed an application form, had an interview, a DBS (disclosure and barring check) and provided two previous employer references". The checks that were completed helped ensure that staff employed were of good character.

Accidents and incidents were recorded and monitored appropriately. The registered manager told us that they reviewed this type of information so that measures could be put in place to reduce the risk of a recurrence and lessons learnt were discussed at staff meetings.

The management team notified CQC appropriately of any accidents or incidents appropriately which helped ensure that we could maintain an overview of the service

People's medicines were managed safely. Staff had been trained in the safe administration of medicines. Regular 'spot checks' were undertaken in people's homes to observe staff assisting people with their medicines and to ensure they maintained good practice. This helped ensure that people's medicines were managed safely.

Is the service effective?

Our findings

People told us they felt they received care that was effective by staff who were well trained. One person told us "The staff are well-trained; they are always patient and calm with my [Name]."

Staff received training to help them care for people effectively and safely. The training covered a range of topics such as safeguarding, moving and handling, fire safety, food hygiene and dementia care. Staff told us they felt the training was appropriate for their role. New staff received induction training. One member of staff told us, "I have done loads of training and it was really informative. I had already got experience of caring but it just reinforced previous training". Another staff member told us "We are always doing training, I have learnt so much since I came to work at Crossroads".

Staff told us they felt supported by their managers to carry out their roles effectively. One staff member said, "[Registered manager] is so supportive, I can talk to them anytime about anything if I need any advice or am worried about anything". We saw from records that staff had all attended mandatory training and further training including refresher had also been arranged". Staff received regular individual supervisions, work based observations and attended monthly team meetings. This helped ensure staff had the necessary skills and experience to support people effectively.

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 management team and staff demonstrated an understanding of the principles of the act for example in relation to offering people choices and obtaining their consent before supporting them. No one who was being supported by Crossroads south were being deprived of their liberty.

People were supported and encouraged to make their own choices for example about the times they preferred their visits, what they wanted to wear and how they liked to be supported. Staff told us that they supported people to make their own choices. One staff member said, "They [People] agree their visit times in advance but we check what order they like their support".

The carer support is care provided to unpaid family carers to have a break from caring; to maintain their own employment or interests and attend their own health appointments and maintain their own connections with other family and friends. People's whose relatives were supported with the respite service booked their visits in advance to enable them to have some much needed time out from their caring duties.

People were supported to eat and drink sufficient amounts to maintain their health and well-being where this had been assessed as an area they required support with. The registered manager told us staff left snacks and drinks out for people so they would always have access to food and drinks at all times.

People were supported to maintain their general health through access to health care and social care professionals when required. In addition 'carers' were enabled to attend hospital and GP appointments while care staff supported the person they cared for. The provider told us "We work closely with a wide range

of agencies to improve services for carers and the people they support".

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "My [family member] has a sitting service twice a week. They have had the same person for 5 years, he (the carer) is one of the kindest people" They went on to say "The Crossroads office staff are the nicest people I have been involved with". Another person told us "They treat you like individuals and are really passionate about supporting carers". The provider told us how they provided short breaks and a few hours of respite for family and informal carers to enable them to recharge their batteries and enable them to continue supporting and caring for loved ones.

People told us staff treated them with kindness and respect. One person told us "They always chat with [name] while they are helping her to make sure she is comfortable". Another person told us "They always explain and consult along the way to make sure the person is kept fully informed". Staff confirmed that were aware of how people were feelings when being supported with personal care, and tried to make them feel comfortable. One staff member told us "We always knock on people's doors and wait until they let us in and we would never enter a person's bedroom until we were invited to do so". Staff spoke about the people respectfully and clearly knew them well. One staff member told us "I love my job, the people are fantastic and just knowing that I can make a difference is my motivation".

People were encouraged and supported to be involved in the planning of their care and support. In addition informal carers were able to plan how they wished to be supported by the service for example to enable them to pursue hobbies and interest and just have some time away from their 'caring responsibilities". Care plans demonstrated that people were supported to make decisions about their lives, how they lived them and wished the service to support them.

People were supported by staff who knew them well. Staff spoken with were able to demonstrate how they supported people in a personalised way. We noted information in care records was both detailed and contained important information about their life history, what they enjoyed doing and their personal preferences.

People and their informal carers were encouraged and supported maintain relationships with family members. Staff were respectful when working with other carers and were aware of not discussing or disclosing people's personal information in front of or to family members without their permission.

People's records were stored securely to ensure their confidential information remained secure and was only accessed by people who had a right to access it.

Is the service responsive?

Our findings

People told us they were happy with the support they received from the service. One person said, "I think they are very flexible and do things to suit me." Another person told us "They are definitely responsive and communication is very good, they always keep me informed". A relative told us "They completed an assessment in our home and we were able to join in the discussion".

The registered manager and provider told us that 'informal family carers' could arrange short respite breaks in advance to enable them to plan how they would spend their time. In addition carers were supported through regular visits of up to nine hours per week to enable them to be relieved to their caring duties. One person told us "They care for me [The informal carer] and the cared for. It is a really good all round service". The provider told us they supported people to pursue hobbies such as deep sea diving, or to spend time with family or friends and in some cases people just choose a relaxing hotel break. This demonstrated how the service was responsive to a range of differing needs.

Staff were knowledgeable about peoples` individual needs and were totally flexible in their approach to how the service supported people and their carer's. The provider told us care support workers and unpaid family carers worked together to help the person with care needs to live independently and to live well for as long as possible. The service provided was delivered around the needs of people and their carer's. For example if a family carer was unwell the service could respond at short notice and provide 'carer respite' to enable the person to seek medical intervention and care staff would take over the caring role until the family carer was well enough to resume their caring duties.

Care plans were detailed and gave sufficient details to staff about people`s history, medical conditions and their day to day routines. Their support plans were kept under regular review by the care coordinator to ensure people were still receiving the appropriate support. The care coordinator told us "people's needs change all the time, and we just provide whatever they need".

People were involved in the development of their care and support plans. Family carers were supported to follow activities and hobbies that were of interest to them and the respite service provided ensured arrangements were in place to enable people to continue with these.

The service operated a robust out of hour's service and this was managed by office staff on a rota basis. This meant that people were able to speak to a person at any time even if the office was closed for example if they needed to change the time of a visit and add an additional visit.

There was a complaints policy and procedure in place. A copy of the complaints procedure was kept in the file in the service users file in their home along with other information about the service which included a service user guide. People told us they had no reason to complain but would know how to if the need arose.

Is the service well-led?

Our findings

People told us the service was well managed. Staff told us that the management team was very supportive. One staff member said, "We are really well supported both by the registered manager and office staff and work well together as a team". Another staff member told us "This is one of the best places I have worked, I really feel that we all support each other".

The provider, registered manager and all staff spoken to were passionate about the service they provided and it was evident they operated the service based on their core values. This was about improving the quality of life for carers and the cared for.

All the staff told us that their aim was to provide people with the best possible quality of care and support to meet their needs. Staff were clear on their responsibilities and job roles and they told us that the training and the support they received enabled them to carry out their roles effectively.

The registered manager monitored the standards of the service provided through regular quality assurance checks on all aspects of the service. This included seeking feedback from people and their carers through regular 'spot check' visits where people were asked a set of questions about the service they received. If anything negative was fed back this was immediately addressed for example through additional training or shadowing more experienced staff or additional support. This ensured that issues identified were able to be resolved quickly.

Staff were given opportunities to share their views through regular meetings and completion of a survey. The feedback received from questionnaires was very positive. One person told us "Someone from the office comes in every 6 months to check there are no problems with the service, she said "There have been small things, I tell them and they act on them". Another person told us "I have recently received a questionnaire asking me about my opinion of the service. I told them I am very satisfied with the quality of care".

We received positive feedback from professionals involved in the service. They told us "In my experience of referring my clients to Crossroads and working with people supported by them I can say that without exception they provide an indispensable life line to carers in need". They told us "All of the people I have come into contact with in the last 3 years who are in receipt of support from Crossroads are thrilled with the service. The exceptional care they experience from all staff and the trust and comfort they have in entrusting their loved ones to the Care Support Workers whilst they care for their own needs". Another member of the commissioning team told us "My contact, communication and work with Crossroads Borehamwood has always been excellent. I have no concerns about their operations or staff. I have worked with Crossroads for approximately 10 years now and always found them to be reliable and professional".

The registered manager demonstrated they operated in an open transparent and inclusive way where people were at the forefront of everything they did. There was an appetite to achieve continual improvement and it was clear they were very passionate about delivering a high quality service.

Statutory notifications were submitted to CQC by the provider. This is information relating to events at the service that the provider is required to inform us about by law.