

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sandwell Crossroads Care

Grenville House, New Swan Lane, West
Bromwich, B70 0NS

Date of Inspections: 29 May 2014
23 May 2014

Date of Publication: June
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Crossroads Caring for Carers
Registered Manager	Mrs Christine Christie
Overview of the service	Sandwell Crossroads provides a Domiciliary Care service to people living in the community.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 May 2014 and 29 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

During our inspection we spoke with nine people who used the service, the manager and deputy manager. We conducted face to face discussions with six staff. We did this to give us an overview of the experiences that people had, to determine the standard of care provided and the satisfaction of the people who used the service. Our conversations with people helped us to answer our five questions we always ask.

The detailed evidence supporting our summary can be read in our full report.

Is the service safe?

All the people we spoke with told us that they felt safe with the staff that supported them. One person told us, "They (staff) are very good always polite and helpful nothing is too much trouble." Another person told us, staff know what they are doing I am very happy."

All the staff that we spoke with confirmed that they had received training on how to protect people and understood what safeguarding people meant. In addition they received updated training when required.

We saw that people had an assessment of their needs and associated risks. A plan of care was completed which enabled staff to offer care and support to people in a safe way. Staff told us and records sampled showed that they had received training and support to enable them to deliver care safely.

CQC monitors the operation of the Deprivation of Liberty Safeguards, which applies to care homes. This is a domiciliary service. No one using this service was subjected to an application to deprive them of their liberty.

Records sampled showed that the provider had systems in place to establish whether people had capacity to give their consent to receiving care and were able to make informed decisions. Staff spoken with understood about people making decisions and how to respect rights. For example, supporting people to make choices about their care.

All the people we spoke with told us, they were happy with the care they received and would speak with the office staff if they had any concerns. All of the staff spoken with were able to tell us about the needs of the people they were supporting. One staff member told us, "I have been with the same person for years so I know them really well."

Is the care effective?

People spoken with told us and records sampled showed that they had been involved in an assessment of their needs and were able to tell staff what support they needed. This meant that people were able influence the care they received.

All staff spoken with were able to tell how they supported people and gave them choices about their care. All staff told us they asked people what they wanted at each call. People confirmed that staff always asked them what they wanted. All the people spoken with told us that they were supported by the same staff on most care calls which meant people received continuity of care from staff they felt comfortable with.

Is the service caring?

People told us they were happy with the care they received. We saw from daily records sampled that where staff had concerns about people's health, additional support was provided or other health care professionals were made aware and advice sought. One person told us, "I think I get a good service I have had other agency but these are the best." We saw that reviews of peoples care needs were completed to ensure that the service provided to them met their needs. All the people we spoken with gave positive comments about care. One person told us, "the girls are like family I have had them so long." Another person told us staff are very caring and very supportive."

Is the service responsive?

All of the people told us that staff did what they wanted them to do. They told us that if their care workers were going to be late they were kept informed either by the care staff or the office. One person told us, "Staff only change when my regular staff are on holiday and then they send someone I know."

Records sampled showed that there were systems in place to gather the views of people so that the service was developed taking into consideration the views of staff and people who received a service. All people that we spoke with told us they were happy with the service and had not needed to make any complaints.

Is the service well led?

We saw that the service had a staffing structure that enabled the service to be managed appropriately. This included a manager that had been registered with us and was responsible for the running of the service. There was a deputy manager and team leaders. This meant that people could always contact a senior member of staff if they had any concerns. People were consulted about the quality of service they received. Comments and suggestions were analysed to identify where improvements were needed.

Staff told us they were clear about their roles and responsibilities and received regular newsletters or had frequent staff meetings. Staff had a good understanding of the ethos of the service and quality assurance processes were in place. This helped to ensure that

people received a good quality service at all times.

Records showed that regular spot checks on staff practices were carried out by senior staff . This involved supervising staff to ensure safe care practices. Records showed that training was regular and up to date. This ensured that people received care from staff that were suitably skilled to deliver care and feedback was continuously given on their performance.

We saw that the provider sought feedback from people who used the service regularly by telephoning people or visiting them. A senior member of staff told us, "If concerns are identified then action is taken immediately." This meant people were listened to and actions taken to address the issues raised.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records included an assessment of people's needs. The assessments were clear and had a focus on people's choices and personal care needs. The deputy manager told us that care plans were written by senior members of staff when people started using the service. The deputy manager was able to give us examples of how the agency engaged with other professionals to ensure people's needs were being met. For example, when a person's needs had changed. This meant the service provided was based on people's individual care needs.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. The records we looked at showed risk assessments had been completed. We saw that reassessments were carried out regularly to ensure that any measures put in place to reduce the risk remained appropriate. The risk assessments included instructions for staff to follow to manage and minimise any significant risks that had been identified. This ensured that people's care was delivered in a way that promoted their safety and welfare.

All the staff we spoke with were aware of people's care and support needs and how their care should be delivered; this ensured that people received care that met their specific needs. One person who used the service told us, "They staff know exactly what to do, I don't need to tell them, I think staff are excellent".

All the people we spoke with told us that the staff were reliable and arrived on time. One relative told us this service was more reliable than other domiciliary care services they had experienced. All staff spoken with told us that they had enough time to spend with each person without needing to rush. One relative described the staff as very caring staff. A relative told us, "They have always involved us in making decisions. If they think I need to be informed about anything they telephone me". All the people we spoke with confirmed that staff carried out tasks in the way that they wanted them to be carried out. This meant that care had been planned to suit people's individual needs and preferences.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people we spoke with told us they felt safe with the staff who attended their home. One relative told us, "I have no hesitation in leaving my relative with the staff, they are very good and know my relative really well." All People spoken with told us they were able to approach the care coordinator or manager who would act on any concerns.

We saw that staff induction and training covered safeguarding vulnerable adults. We spoke with six care workers who said they were aware of these procedures and had attended training. All of the staff were clear that they would report any concerns or allegations of abuse to the manager without delay. The provider had a policy covering the safeguarding of vulnerable adults which included information about recognising different types of abuse and some guidance on how to raise a safeguarding alert. This meant staff had the information they needed if they had any concerns. The provider might find it helpful to note when speaking with staff there was some confusion of where staff would record allegations of abuse. For example four out of the six staff spoken with told us that they would record issues of concern in the persons care note in their home. This may mean that the perpetrator may see what the individual had reported and place the individual at further risk of harm.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had recruitment and selection processes in place. We looked at records in relation to new staff. We found that appropriate checks were undertaken before staff began work. Checks included obtaining two independent references, criminal records checks and a check on people's right to work in the UK. The staff we spoke with confirmed that the provider had completed all necessary checks before they were allowed to start work. They also told us they had attended a job interview, and shadowed experienced staff as part of their induction. This meant that only staff who had been through a full recruitment process were allowed to work with vulnerable people in their own homes.

Some of the staff spoken with had not previously worked as a care worker. They told us, they had ongoing on-call support from their manager and felt they were well prepared before working on their own. They told us they were introduced to the people they would be visiting so felt confident in supporting them.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

All of the staff we spoke with told us that there were adequate staff to provide care to the people who used the service. All the people we spoke with told us most of the time they have the same staff and staff always arrived to provide their care. One person said, "Most of the time I have the same staff. This helps me to know who is coming. If they have to change, like when staff are on holiday, they let me know." This meant people had continuity of care.

From looking at records, speaking with people who used the service and their relatives we determined that the incidence of 'missed' care calls was low. This meant that adequate staff were available to provide a service to meet people's needs.

All staff we spoke with told us that they felt adequately supported by the management. They told us that an appropriate person was available for advice at all times if they had a concern or were not sure about something.

From speaking with staff and management we were told that a number of staff had worked for the registered provider for a long time. Staff told us that they felt knowledgeable and experienced enough to meet people's needs. One staff member said, "I know how to care for people and feel confident in doing so." One person who used the service told us, "The staff know me well and do everything properly." We found from speaking with staff and looking at records that new staff did not work alone when they first started work. All staff had an induction period and were given time to 'shadow' established staff. This gave them the basic experience they needed to equip them to look after the people who used the service.

We saw from records, and speaking with staff that they had received training which included moving and handling and medication training. We also determined that a number of staff had received specialist training to give them the knowledge and skill to care for and support people with specific care needs. This meant that staff would provide care and support to people in an appropriate and safe way. However, the registered provider may wish to note that some training in specific medical conditions such as diabetes was lacking. This meant that staff may not have the knowledge they may need to deal with a situation if a person's diabetes condition became unstable or deteriorated.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

All the people we spoke with during our inspection gave positive feedback about the service provided. One person told us, "They constantly ask my views about how I feel about the staff, my care and in general." Another person told us, "It is a very good service". A third person told us, "The management and staff are all good. I have no problems with them at all". We saw records to confirm that a manager or senior member of staff visited people regularly to undertake a review and ask them what they thought of the overall service provided. This showed that people who used the service and/or their relatives had been given the opportunity to express their views about the care provided in order for improvements to be made.

All the people who used the service, we spoke with confirmed that they were all aware of what they should do if they were unhappy about the service. People who used the service and their relatives confirmed to us that the 'office staff' answered their calls and addressed their queries effectively. One person told us, "I have no worries about phoning the office. They are always helpful and friendly". All staff spoken with told us that they could voice their views in staff meeting or in general and the manager would look at ways to improve. This meant that people who used the service, their relatives and staff felt confident to raise any queries they had.

Staff and management told us about the 'spot checks' that they had undertaken to make sure that staff were working as they should. This showed that staff practices were monitored to ensure the quality of the support provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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