

The Sandwell Crossroads Care Attendant Scheme Limited

Sandwell Crossroads Care

Inspection report

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

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19 May 2016

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Website: www.sandwellcrossroads.org

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? | Requires Improvement ● |

Summary of findings

Overall summary

Sandwell Crossroads Care is a domiciliary care service registered to provide personal care to people living in their own homes. On the day of the inspection there were 100 people receiving a service.

The inspection took place on 19 May 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides a domiciliary service and we wanted to make sure that staff would be available. The last inspection of the service was in May 2014 and the provider was compliant in all areas looked at.

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.

Staff were aware of the types of abuse people may be at risk of and knew the actions to take if they suspected someone was at risk of harm.

People received their care on time from a regular team of staff to ensure consistency. Recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service and staff received appropriate training and supervision to carry out their role.

Medication was given in a safe way by staff who had received training in how to do this. People were supported with meals where required and staff had a detailed knowledge of people's dietary requirements.

People told us that staff sought their consent before providing their care. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions.

Staff worked alongside health professionals to promote the health and wellbeing of people and knew the action to take if someone became unwell.

People told us that staff were kind and treated them with dignity. People and their relatives were involved in planning for their care and took part in reviews to ensure that support continued to meet their needs. Where complaints had been made, these had been investigated fully by the registered manager.

People were positive about the registered manager and the leadership of the service. There was an open culture at the service. Staff were confident to raise concerns and whistle blow if required.

Audits had not always been recorded to monitor the quality of the service. There was no analysis of complaints with a view to identify patterns and the registered manager had not identified issues with the maintenance of accurate care records.

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 by regular staff who knew how to identify and act on concerns of abuse.

Appropriate recruitment checks were in place to ensure people were supported by staff that were safe to work.

People who required support with medication received this support in a safe way by staff with medication training.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to fulfil their role.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported with meals where required by staff who knew people's dietary requirements.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and treated them with dignity.

People were involved in their care.

There were systems in place to support people to access advocacy services where required.

Is the service responsive?

Good ●

The service was responsive.

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

Staff had a good understanding of the likes, dislikes and preferences of the people they supported.

Complaints made were fully investigated by the management team.

Is the service well-led?

There were not always quality assurance audits recorded to monitor the quality of the service.

People were given opportunity to feedback on the care they received.

People and staff spoke positively about the leadership at the service.

Requires Improvement ●

Sandwell Crossroads Care

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.

This inspection took place on 19 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert by experience. Experts by experience are people who have personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service. This included notifications sent in to us by the provider. Notifications are forms that the provider is required to send to us about accidents and incidents that occur within the service.

We spoke with four people who receive care from the service, 11 relatives, four members of care staff, the training manager and the registered manager. We looked at care records for six people, three staff recruitment files, staff rotas and staff training records. We also looked at compliments and complaints and accidents and incidents and audits completed to monitor the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe when carers visited their home. One person told us, "I couldn't be safer with anybody else". Another person said, "The care staff make me feel safe because they know what they are doing".

Staff we spoke with told us they had received training in safeguarding people and understood the action to take if they suspected someone was at risk of harm. One member of care staff told us, "I would go straight to the care co-ordinator or team leader [with a concern]". Another member of staff said, "I would report my concerns to the registered manager straightaway, I wouldn't keep it to myself". Records we looked at showed that the registered manager had taken the appropriate action where concerns had been raised.

Care staff we spoke with had a good understanding of how to identify and support people to manage risk. One care staff told us, "I support people to manage risks by speaking with them to discuss their options. We also check the environment when we visit to see if it is safe. If there are any obstacles, we advise they are moved". Other staff gave examples of how they managed risk that included; ensuring people have their walking aids close to hand and following company procedures. We saw that risk assessments had been carried out. These gave staff information on what risks were posed to people and identified strategies to manage these. These assessments covered risk management in areas such as; accommodation, mobility and medication. We saw that risk assessments remained up to date and had been amended as risks changed. We saw that where accidents and incidents occurred, a record had been maintained of these and actions taken to reduce the risk of reoccurrence. Actions taken following accidents included; reviewing risk assessments, retraining staff and information sharing with other agencies.

We saw that there were effective systems in place to reduce the risk of unsuitable staff being employed by the service. Staff told us that prior to starting work, they had been required to provide two references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks had taken place.

People told us there were enough staff to meet their needs and that they never had missed or late calls. One person told us, "I have had care for years and not once have I been left without a carer". A relative we spoke with said, "I have been told we would get a phone call if the staff were running late but this has never happened [as staff have never been late]". People and their relatives confirmed they had the same carers visit them to ensure consistency. One relative told us, "[Relative's name] has regular carers who come". Staff we spoke with told us they were not rushed and had time to spend with people. One care staff told us, "We do have enough time in people's calls. If we didn't, we could go to the office and tell them. They have always acted on it". Records we looked at showed that people had a regular team of care staff to visit them. There was a system in place to ensure that people received their care on time and that staff stayed with people for the allocated amount of time. We saw that there were systems in place to ensure that absences were covered by care staff who were familiar to them.

Some people who received care from the service required support with their medication. People we spoke with were happy with this support and informed us that staff ensured they had their medication at the correct time. One relative told us, "I can trust the carers to give [relative's name] their tablets on time". We spoke with staff who understood the level of support they could provide with medication. Staff told us and records confirmed that staff had received training in how to support with medication safely and that they had their competency to give medication checked. We saw evidence that staff maintained accurate records of when medications were given.

Is the service effective?

Our findings

People and their relatives told us they felt care staff were skilled and knowledgeable about their role. One person told us, "The staff seem to always be going on training courses". A relative said, "I feel confident that my relative is being cared for well".

Staff we spoke with told us that prior to starting work, they were given an induction to prepare them for the role. This induction involved completing training and shadowing a more experienced member of staff. One member of care staff told us, "The induction was very thorough. They went through everything I needed to do. It was very good". Records we looked at confirmed that new staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life.

Staff told us they had access to ongoing training to support them in their role. One member of care staff told us, "The training has helped me a lot. The trainer was so helpful and it has made me confident in my role". Another member of care staff said, "The training is fantastic, it's the best company I have worked for when it comes to training". Records we looked at confirmed that staff had completed training relevant to their role and the care needs of the people they supported. We saw that where people had specialist needs, training support was sought from professionals including Physiotherapists and Nurses to ensure staff were competent in these areas.

Staff we spoke with told us that they received regular supervision with their manager to discuss their role. One member of care staff told us, "We have supervisions every three months but if there is an issue in-between, we can call whenever we want". Records we looked at confirmed that supervisions took place.

We saw that there were effective communication systems in place to ensure that staff had the information they required to support people effectively. One member of care staff told us, "The office call us whenever a person's needs change and they put a new care plan in place that we sign to say we have read". Another member of care staff said, "We are kept up to date with changes in people's needs through the care plans. It is always updated straightaway if there is a change". Staff who worked nights told us they received a nightly call from office staff to keep them informed of any changes. One member of care staff told us, "Every night, one of the care co-ordinators call us to handover any information we need". Daily records we looked at showed that where people's needs had changed, this information had been shared with staff.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff were able to explain how

they sought consent from people before providing them with support. One member of care staff told us, "I get people's permission by talking to them and always asking before I do anything". Another member of staff told us, "People will usually give you permission but if they don't want me to do something, then I would never force them". Records we looked at indicated that not all staff had received training in MCA. However all of the staff we spoke with displayed a good understanding of what MCA is and people's rights within this.

Some people we spoke with required support with meal preparation. People we spoke with were satisfied with the support staff gave with this. One person told us, "We decide on a morning what I would like for lunch and when they come back, they prepare it for me". Staff we spoke with had a good understanding of the level of support people required with meals and any specific dietary requirements people had. One member of care staff told us, "I always ask people what they would like to eat based on what they have available. It is always their choice" and "People's dietary requirements and likes and dislikes are in their care plan". Records we looked at held information about people's dietary requirements and the level of support they required with meals.

People told us they felt that if they were unwell then staff would get the doctor for them and two people informed us that staff had taken this action for them previously. Staff we spoke with knew people's health care needs and could describe the actions to take if someone became unwell. One member of care staff told us, "If someone was poorly, I would assess if an ambulance or GP was needed, then inform the office and document everything I had done. The priority would be to help the person first". Records we looked at confirmed that staff sought advice and reported to concerns to healthcare professionals appropriately where required.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. One person told us, "My carers are second to none". Another person said, "Nothing is ever too much trouble for my carers". Relatives we spoke with were also positive about the care staff. One relative told us, "I couldn't ask for better care for [person's name]". Another relative said, "I feel that it is more than a job to the care staff". Staff we spoke with discussed people in a caring way and displayed warmth when discussing the people they care for.

People told us they were involved in their care. This was also confirmed by relatives who informed us that staff keep them up to date with any changes in their family members care. One relative told us, "If things change with [person's name] care, I am informed straightaway". Staff we spoke with told us they supported people to make choices with regards to their care. This included asking people before supporting them and where people could not communicate, being aware of people's body language to know if they were happy with the support. One member of care staff told us, "I make sure people are involved by speaking with them. It is always up to the person and what they would like". Records we looked at showed that people had been given opportunity to have a say about their care through questionnaires.

People told us they were treated with dignity by staff. One person told us, "The staff respect me and I respect them". A relative we spoke with said, "[Person's name] is treated with the upmost respect at all times by all staff". Staff we spoke with were able to explain how they ensured people were treated with dignity. One staff member told us, "We speak to people politely and give choices including what people would like to wear and what they would like to do". Staff gave other examples of how they promoted peoples dignity. This included covering people up during personal care and closing curtains to ensure privacy.

People who received care from the service did not currently require the support of an advocate. We spoke with the registered manager about these services. The registered manager displayed a good understanding of when people may require an advocate and knew how to refer people for this service if required.

Is the service responsive?

Our findings

We saw that prior to people receiving support, an assessment was completed to discuss people's care needs and their preferences with regards to their care. Records we looked at confirmed that these assessments had been carried out alongside the person and their relatives when required.

People told us they were involved in reviews of their care. People confirmed that a review took place annually but that if their needs changed in-between this time, then another review would be held. One relative we spoke with told us, "[Person's name] care plan is reviewed each year as standard". Another relative said, "If anything changes with my relative's care, it is changed in his care plan straight away". People told us that staff were responsive to their care needs and adapted the support they give to meet the person's preferences. One relative told us, "If [person's name] has an appointment somewhere, staff will come in earlier than usual to help out, nothing is too much trouble". Records we looked at showed that people's care needs were reviewed regularly.

People told us that they felt staff knew them well. One relative told us, "[Person's name] can be a bit awkward but the care staff really know how to approach them". Another relative told us, "The staff really know all of [person's name] funny ways". Staff we spoke with demonstrated a good knowledge of people's care needs and how people liked their care to be delivered. We saw that people's care records held personalised information about people to ensure they received care in line with their preferences. Records gave information on how people liked their drinks preferred, their interests and hobbies and their religious observances.

People told us they had been informed about how to make complaints. One person told us, "I have never needed to complain but I would be happy to do so if I needed to and I am sure it would be dealt with as soon as possible". Other people told us when they had made complaints in the past; these had always been handled to their satisfaction. Staff we spoke with were clear on the complaints procedure and what action to take if people expressed a wish to complain. One staff member told us, "If someone wanted to make a complaint, I would tell the person the contact details of who they should speak to". One staff member gave an example of a time they supported a person to complain by helping them to contact the office. We looked at records held about complaints and saw that where complaints were made, these were investigated by the registered manager and the outcome was discussed with the complainant to ensure they were happy with the result. The registered manager told us that they used complaints made to make improvements to the service. The registered manager explained that a complaint had been made previously about staff not staying with a person for the allocated amount of time. Following this complaint, the registered manager implemented a system when staff were required to electronically 'log in' to someone's home so the length of the stay could be monitored.

Is the service well-led?

Our findings

We saw that there were some systems in place to monitor the quality of the service. We spoke with the registered manager about this who told us that audits were completed of how long staff spend with each person and that complaints were analysed to identify trends, however we did not see evidence of this and the registered manager informed us that these audits had not been recorded. We looked at complaints received and saw that over a two month period, three complaints were made of a similar nature. However, as the complaints were not analysed, this trend had not been identified. We saw that some care plans held duplicate care plans for people and that the information in each care plan was conflicting. We spoke with the management team who told us that some of the care plans were old and had been updated due to people's needs changing. However, this was not always clear and care plans that were no longer accurate had not been archived to ensure that staff could only access the most up to date information about people. This meant that there was a risk of staff using the incorrect care record when seeking information about people. As there were no audits completed on care records, this issue had not been identified.

We saw that the registered manager had sought feedback from people who receive care, their relatives and staff. We saw that the feedback given from questionnaires was analysed to identify trends. We saw that feedback was mostly positive and so no actions had been recorded as a result of the feedback. We spoke with the registered manager who told us that these questionnaires were sent out annually but that people were encouraged to contact them with feedback whenever they wish too.

People and their relatives told us they knew who the registered manager was and were happy with the care they were provided with. One person told us, "I love my care, the staff are angels". Another person said, "I don't know what I would do without them coming in to help me".

Staff we spoke with spoke positively about the management and told us they felt supported in their role. One member of staff told us, "It is the best company I have worked for. The training, the help, there is always someone there ready to help you". Another member of staff said, "I am very happy. It has been the best company to work for". Staff we spoke with had a clear understanding of their role and responsibilities and felt comfortable to seek support from management if needed. One staff member told us, "I am supported. If anything is wrong, there is always someone at the end of the phone to advise you". Staff we spoke with confirmed that regular staff meetings took place to discuss the service and give staff opportunity to feedback. One member of staff told us, "We have staff meetings so that we can ask questions and the [registered] manager informs us of anything else that is going on". Records we looked at confirmed these meetings took place.

Staff we spoke with all understood how to whistle-blow and told us they were encouraged to raise concerns with the registered manager. Where concerns had been raised we saw that the registered manager had taken action and reported these appropriately. The registered manager was aware of her legal responsibility to notify us of incidents that occur at the service and we saw that these had been reported appropriately.

The registered manager told us they received support from the board of trustees with regards to the

management of the service. The registered manager had a clear vision for the future of the service. Their future plans included improving people's level of involvement by developing a system for them to receive live updates on who is attending to deliver their care and maintaining a quality of care for people.