Ribble Valley Crossroads Care Attendant Scheme Limited

Crossroads Care Ribble Valley

Inspection report

Bellman Mill
Clitheroe
Lancashire
BB7 1QW

Tel: 01200422104
Website: www.crossroads.org.uk/ribblevalley

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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

This inspection took place on 25 and 26 April 2018.

This service provides personal care to adults and children living in their own homes. This included a service to provide practical support to enable carers to have a break from their caring responsibilities.

Not everyone using Crossroads Care Ribble Valley receives the regulated activity; CQC only inspects the service being received by people provided with personal care; which means help with tasks related to personal hygiene and eating. Where they do receive personal care we also take into account any wider social care provided.

Crossroads Care Ribble Valley provides a service to older adults, older adults living with a dementia, younger adults with mental ill health, children and younger adults with a learning disability.
The agency's office is located on the outskirts of Clitheroe. At the time of the inspection the service was providing care and support to 79 people.

At our last inspection on 26 and 27 August 2015 the overall rating of the service was 'Good.' At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found there were management and leadership arrangements in place to support the effective day to day running of the service. There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences and make improvements.

Arrangements were in place to ensure staff were properly checked before working at the service.
Systems were in place to ensure staff received ongoing training/learning and supervision. There were sufficient numbers of staff at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

Risks to people's individual well-being were being assessed and processes were in place to support people safely with their medicines. Some matters needed to improve; but we found the registered manager had started introducing further safeguards. Systems were in place to support people in maintaining a safe and clean home environment.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service. Each person had care records, describing their individual needs, preferences and routines. We found some records lacked detail and included generalised

comments one care plan was not fit for purpose. However it was clear that improvements were being made. People's needs and choices were kept under review and changes were responded to.

People's individual dietary needs, likes and dislikes were known. Arrangements were in place to support people with meals and drinks as appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice. Processes were in place to support people with any concerns or complaints.

People were supported were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where people received end of life care this was planned and provided sensitively.

People made positive comments about the staff team including their friendly approach, listening skills and respectful manners. Staff expressed a practical awareness of responding to people as individuals and promoting their rights, privacy and choices. Where appropriate, people were supported to engage in meaningful activities the community.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Crossroads Care Ribble Valley

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 April 2018. We contacted the service two days before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be available for the inspection. The inspection team consisted of one adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and the local authority safeguarding team. We used information the provider sent us in the Provider Information Return. 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. We used all this information to decide which areas to focus on during the inspection

We used a number of different methods to help us understand the experiences of people who used the service. We had previously sent questionnaires to people who used the service, relatives, staff and community professionals. We received 12 completed questionnaires from people who used the service, nine from staff, five from relatives and five from community professionals. We evaluated the responses and took them into account when considering the evidence for the report. During the inspection visit, we talked by telephone with three people who used the service and two relatives. We talked with three care/support workers, the registered manager, a senior care practitioner, finance manager and the rota coordinator. We also met the nominated individual.

We looked at a sample of records, including four care plans and other related care documentation, two staff recruitment records, complaints records, the employee hand book, meeting records, policies and procedures, quality assurance records and audits.

Good

Is the service safe?

Our findings

The service protected people from abuse, neglect and discrimination. People and their relatives spoken with indicated they felt safe with the care and support provided by the service. Their comments included, "They are trustworthy," "I really do feel safe with them," "They have never been off hand or anything like that," "They are very aware of what to look for to keep [My relative] healthy and safe" and "[My relative] is absolutely safe with the staff from Crossroads. All the people completing our survey indicated they felt safe from harm and abuse.

Staff spoken with expressed a good understanding of safeguarding and protection. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff had received training and guidance on adults and children at risk. They were aware of the reporting procedures. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise any concerns.

Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We found the registered manager had appropriately liaised with local authority. Processes were in place to record and manage safeguarding matters, including the actions taken to reduce the risks of re-occurrence.

Staff recruitment procedures protected people who used the service. We reviewed the recruitment records of the two newest recruits. The recruitment process included candidates completing a written application form and attending a face to face interview. There was evidence to demonstrate the service was keen to recruit staff with caring values. Character checks including, identification, references and qualifications and employment histories had been appropriately carried out. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs. People spoken with said, "They have been utterly reliable," "They have never missed a visit" and "The stars of the show are those carers that came out in the snow." Staff indicated their rota planning enabled them to arrive on time and they felt protected by the 'lone worker policy.' Staffing arrangements were influenced by people's assessed needs, individual support package and contractual arrangements. There was a call monitoring system which checked staff attendance and their time of arrival. Arrangements were in place to ensure people living in rural areas received support during adverse weather conditions.

People were supported with the proper and safe use of medicines. The people spoken with were satisfied with the arrangements in place for support with medicines. Care records included records of people's prescribed medicines. There were instructions where necessary for staff to follow on prompting or administering the medicines. We found some of the information was lacking in detail and the process to

assess people's ability to manage their medicines was limited. However, the registered manager had identified these shortfalls and there was clear evidence to demonstrate progress to make improvements was ongoing. The service had also liaised with GP's and pharmacists to request updates on changes in medicines.

The service had medicine management policies and procedures which were accessible to staff. Records and discussion showed staff providing support with medicines had completed training. There were processes in place to assess, monitor and review staff competence in providing safe effective support with medicines.

Risks to people's individual safety and well-being were assessed and managed. One relative described how staff had been vigilant in identifying and reporting a specific personal risk matter, which was effectively dealt with to promote the person's well-being. Care records included initial risk screening assessments on people's mobility, behaviours, environmental hazards and social outings. The process prompted the completion of more in-depth risk assessments when required, on matters such as falls, nutrition, skin integrity and moving and handling. The registered manager had recently identified areas for further development with individual risk assessments. This included increasing staff awareness of the outcomes and also ensuring risk were assessed in line with good practice guidance.

Staff spoken with described how they provided support to keep people safe. They were aware of the process to follow in the event of accidents and emergencies. They were provided with their own first aid kits. Records were kept of any accidents and incidents that had taken place. Processes were in place to monitor any accidents and incidents, so the information could be analysed for any patterns or trends. The service's emergency, accident and on-call procedures were summarised in the staff handbook.

People were protected by the prevention and control of infection. People spoken with indicated that staff provided good domestic support, including keeping their homes clean. Most people completing surreys told us that staff did all they could to prevent and control infection. Staff said they were provided personal protective equipment, such as disposable gloves, aprons and hand sanitizer. Records and discussion showed staff had accessed training on infection prevention and basic food hygiene. The service had obtained 'ultra violet light' screening kits, to promote good handwashing techniques.

Processes were in place to help maintain a safe environment for people who used the service and staff. Health and safety risk screening assessments had been completed on environmental matters in people's homes. People said, "They did a risk assessment around the house. They looked at everything" and "They always check all my doors before they go." The service had recently introduced a process to monitor the temperature of people's homes and offer advice should people experience difficulties in keeping warm.

We saw that people's care records were managed safely. Systems were in place to check and monitor the accuracy and content of records. Personal information and staff files were stored securely in the agency's office and were only accessible to authorised staff.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and their care and support delivered to achieve effective outcomes. People's comments included, "I can't fault them they are very good," "They get the job done. It's been unbelievable really" and "I am happy with things." All the people completing surveys told us they would recommend the service to another person and/or their own family.

The registered manager and senior care practitioner described the process of initially assessing people's individual needs and abilities before they used the service. This involved meeting with the person and completing a pre-assessment of their needs and any risks. The care records we reviewed included people's initial assessment and showed their needs and preferences had been considered and planned for. One person spoken with said, "We had an assessment by [Staff member] before we got the care," another commented, "It's all written down what has to be done." The registered manager explained that the initial assessment had been further developed and we were shown a more in-depth process which was being introduced.

At the time of the inspection, the service was reviewing and updating their computer and telephone systems, to provide a more effective and safe support systems for people. Staff had 'smart phones' to promote and enhance good communication. Staff told us how they accessed relevant information by their telephones one said, "I'm always accessing the policies and procedures."

Consent to care and treatment was sought in line with legislation and guidance. One person told us, "They always ask me and involve me" a relative commented, "They absolutely seek consent about everything." Staff spoken with explained how they routinely consulted with people about their support and their lifestyle choices. We noted in care files, there were signed records of people consenting to their care plans and other agreements.

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 make 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 legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions. Staff told us they had completed MCA training. The registered manager confirmed that if they felt the care they provided resulted in restrictions on people's rights and freedom, action would be taken to liaise with the local authority, to pursue Court of Protection referrals. All the staff completing our survey said they understood their responsibilities under the MCA.

People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. Care records contained important telephone contact details including emergency contacts, their GP and pharmacist. This helped staff to liaise with others effectively if they had concerns about people's health or well-being. There was also some information about people's health care needs and emotional well-being. One relative said, "They are aware of [Family member's] health and medical history." Staff spoken with described the action they would take if someone was not well. Processes were in place to share information about people's needs and risks with other professionals, when they moved between services. One relative described how helpful staff had been when a person was in hospital. They said, "The support of the team got [My relative] back home."

People were supported to eat and drink enough to maintain a balanced diet. People were supported at mealtimes in line with their plan of care. People spoken with indicated staff asked them what they preferred to eat and prepared their food to a good standard. One person commented, "They cook alright, I have just had a good dinner." Two relatives gave us specific examples of their appreciation of the support staff had provided with meals. Staff spoken with were aware of people's preferences and special dietary requirements. The registered manager explained that processes were put in place as necessary, if a person was at risk of malnutrition or dehydration.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Comments from people spoken with included, "They definitely know what they are doing, I am confident with them" and "They are very professional they do exactly what they say they will." The service had an induction training programme for new staff. Staff confirmed they had completed the induction training which had included 'shadowing' other staff. Staff also completed induction training based on the Care Certificate when they commenced work with the service. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. All the staff completing our survey indicated they had received induction training which prepared them for the role before working unsupervised.

We reviewed records of the training programme completed; ongoing and arranged. We saw examples of certificates confirming the training achieved. We noted the service used various methods of training in response to staffs leaning needs. Staff were enabled to attain recognised qualifications in health and social care. Staff had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care or equivalent, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care. We were shown an e-mail from a training provider, praising the staff and managers on their conduct and their response to learning and development. We noted there was no specific training around child development, however following the inspection the registered manager confirmed this matter was being pursued.

Arrangements were in place for staff to receive one to one supervisions. We saw records confirming supervision meetings had been held. The meetings had provided the opportunity for staff to discuss their role and responsibilities. Staff also received an annual appraisal of their work performance; this included a training needs analysis of their ongoing leaning and development.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and they were given emotional support when needed. People spoken with made positive comments about the staff team and the care and support they experienced. They said: "Very caring and professional," "They are all grand. We have a laugh and a joke," "They are kind" and "We are like friends, they are an extension of our family." A relative said, "They're very adroit at making sure [my relative] is comfortable." All the people completing our survey told us staff were kind and caring and that they were happy with the care and support they received from the service.

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "They are polite," "Very pleasant," "They respect my property," "They treat [my family member] with considerable respect, always with dignity, they never are demeaning." Care records included information about people's background histories, hobbies, religion and interests. We also noted 'one page profiles' were being introduced to provide a summary of people's personal details, their specific preferences and how they wanted to be supported.

Staff indicated they had time to provide care and support, also to listen to people and involve them with decisions. A good example of this was where a person had suggested a particular group activity and this idea had been followed up and achieved. One person said, "Of course they listen; we have a cup of tea and a natter." A relative said, "They use their time well to provide support."

We discussed and reviewed the rota planning process. We found the aim was to provide people with a small team of staff who they were familiar with. People old us, "We have the same carers there may be odd alterations due to holidays but they keep us well informed," "I have got to know my carers very well" and "It's a very personal service." We asked how people were supported to maintain their independence. Comments made were, [My Relative helps with the washing up its very interactive" and "They are very good at seizing the opportunity to encourage independence."

People we spoke with indicated their privacy and confidentiality were upheld. Their comments included, "Our privacy is a top priority they treat me well," "Privacy and dignity is first class," "There is never a breach of confidentiality" and "They never talk about other people. So I know they don't talk about me." Staff were aware of the importance of maintaining people's privacy and confidentiality. They gave practical examples of how they applied these principles in practice.

People had been provided with a written information pack about the service. The pack incorporated the person's care records and a guide to the service. Included were the contact details and telephone numbers for the agency office, the aims and vision of the service, the standards of care people can expect and the complaints procedures. The pack also contained useful information on other agencies and support services. The service also had an internet website providing further information. We noted the service's CQC rating was on display in the agency office and this had also been uploaded to the provider's website. This was to inform people of the outcome of the last inspection.

Good

Is the service responsive?

Our findings

We looked at how people received personalised care and support that was responsive to their needs. People made the following comments, "They are my lifeline they are very good," "They do very, very well they are superb," "I am quite happy with what they do" and "I don't have to tell them, they just do it."

All the people we spoke with indicated an awareness of the care planning process. Each person had an individual care plan, which was developed from their assessment. This information provided guidance and instructions for staff on how to respond to people's individual needs and choices. The care records we reviewed included some detailed person centred information on people's needs and preferences. However, we noted some of the care plan information was lacking in specific detail and included generic instructions, which were not always appropriate. One care plan for a child had been written on a template for the provision of care for an adult and therefore was not fit for purpose. This meant the care planning process did not support a person centred response to people's care delivery. However, there was clear evidence to demonstrate the assessment and care planning systems had been reviewed and there were planned actions for identified developments. We will check the progress made to make improvements at our next inspection.

Records and discussions showed people's needs and circumstances were kept under review. One person told us "The care plan is reviewed every three months and more." A relative commented, "The care plan contains what is needed. If it needs a tweak, the manager meets up with the staff and they pop a copy of the new plan through my door." Staff confirmed there were systems in place to alert the management team of any changes in people's needs. A review of the care package would then be carried out in consultation with the person using the service, their relative and/or social worker. This indicated processes were in place to respond to people's needs in a timely way. The registered manager had also completed in-depth 'case study' reviews, which had resulted in better ways of working with the individuals concerned. One relative explained, "They come up with ideas, they have that sort of proactive thinking."

People said they had been involved with agreeing the care and support to be provided. They were given choices by staff and involved in decisions about their care. One person commented, "They say 'do you mind if I' and 'would you like to'…" Staff spoken with were aware of people's specific routines, backgrounds and personalities. They gave examples of how they supported and promoted people's individuality and choices. Records showed staff had received training on person centred care planning and equality and diversity. All the people completing our survey said they were always involved in decisions about their care and support.

The staff rota planning process aimed to ensure people received their care and support in response to their assessed needs and agreed preferences. People told us, "They are always prompt," "They arrive exactly on time" and "They are very responsive." A relative told us, "The time table is posted by e-mail and they immediately let us know of any changes."

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office on a

monthly basis for filing. The registered manager confirmed the records were regularly checked. There were also electronic records kept of correspondence and telephone discussions with office based staff. Relatives told us, "They are in regular contact; they give me a call or text. It's been a real team effort" and "Communication is good, they leave a note in the diary. Nothing gets to be an issue."

People when appropriate were encouraged and supported, to pursue their individual hobbies and interests. This had included community based resources and chosen leisure activities. We were made aware of several incentives to promote and respond to people's needs, including young people's monthly outings, luncheon clubs, drop in advice clinics and engagement sessions for people living with a dementia.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. The registered manager was aware of the Standard. A 'How we communicate with you' review process was being introduced. We noted action had been taken to produce some information in large type and pictorial references had been used to help explain the content. There were individualised 'communication passports' to provide specific guidance on engaging with people and responding to their needs. We found there was a lack of 'user friendly' information for children; however the registered manager agreed to pursue this matter.

Where appropriate, people were supported at the end of their life to have a comfortable, dignified and pain-free death. Where necessary and appropriate, a specific team of staff worked alongside other professionals to provide people with dignified care at the end of their life. We noted several staff had completed end of life and 'six steps' bereavement training. The service had developed their policies on end of life care in line with recognised guidance. We looked at a large selection of 'thank you cards' received at the service and noted there were numerous positive and complimentary comments about the care and attention people had experienced.

People's concerns and complaints were listened and responded to and used to improve the quality of care. People we talked with had awareness of the complaints processes and expressed confidence in sharing their concerns. They said, "If I wasn't happy I would tell them," "We have a pack of information it has all the numbers. I would ring the office" and "They always remind me of the complaints procedure." There were processes in place to record, investigate and respond to complaints and concerns. There had been four complaints in the last 12 months. The records we reviewed included the nature of the complaint and the action taken to investigate and resolve matters. There were copies of correspondence to the complainant of the outcome and the action taken. The complaints system was monitored to proactively respond to any reoccurring themes.

Good

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management structure at the service. They expressed appreciation about the leadership and organisation of their care and support. Their comments included, "Very caring and professional," "Just wonderful," "I think the manager is very proficient," "They have taken the pressure away," "I feel like I have got my life back. I now have lots of quality time with [My relative]" and "They keep in contact from the office, they are very efficient."

Since our last inspection there had been some changes in the management team. This had included a new manager. The manager in post was registered with the commission. 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.

Throughout the inspection, the registered manager expressed commitment to the ongoing developments at the service and demonstrated a proactive response to the inspection processes. The registered manager had attained recognised qualifications in health and social care. She had updated her skills and knowledge by completing the mandatory training programme and by attending seminars and forums. The registered manager was supported by a board of trustees. We saw minutes of recent trustee meetings and noted all aspects of the service were discussed including finance, staffing issues, any accidents or incidents, current projects and an overview of the care and support provided to children and adults.

Staff spoken with made positive comments about the registered manager and the ongoing developments at the service. They said, "It's a lot better now, more structured and more supportive all round" and "The managers are supportive and encouraging. They always have time for us. I can't fault them they are brilliant." All the staff completing our survey indicated the managers were approachable and they dealt effectively with any concerns and communicated well.

We found staff were enthusiastic and positive about their work. One staff member commented, "It's fantastic. I really enjoy working here." They expressed an understanding of their role and responsibilities. They were aware of the management structure and lines of accountability at the service. Staff had been provided with job descriptions, staff hand books, codes of conduct and contracts of employment which outlined their roles, responsibilities and duty of care. The service's vision and philosophy of care was reflected within the written material including, the statement of purpose, information guides and policies and procedures. There were care quality value statements on display in the agency office and good care practice guides available for staff. Staff meetings had been held. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. Staff had on-line access to all the service's policies and procedures.

Arrangements were in place to carry out unannounced observational checks on staff's competence and conduct when they were providing care and support. The checks also included reviewing the care records kept at the person's home, to ensure they were appropriately completed. There were ongoing audits and

reviews of various processes including, staff training and supervision, complaints, safeguarding, accidents and incidents. The on- line monitoring system and computer based data programmes provided the registered manager with statistical information for monitoring the quality of the service provided.

Processes were in place to seek people's views on their experience of the care and support they received. They had regular opportunities to express their opinions at their reviews and during checks on staff competence. People who used the service had been invited to complete a satisfaction survey in December 2017. The results had been collated, analysed and shared with the staff team. The survey had focused upon the key question; Is the service 'Safe.' We noted all the responses were positive, people indicated they were satisfied and felt safe with the service. A staff consultation survey been carried out in December 2017. Results of the survey had been reviewed and collated and an action plan devised to in response to the findings. The registered manager also shared with us a summary of the service's developments and achievements since our last inspection. There was clear evidence to demonstrate that plans were ongoing to continue develop the service. Information within the Provider Information Return (PIR) showed us the registered manager had identified several matters for development within the next 12 months. One relative commented, "They are always trying to improve what they do."

We evaluated how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including: local community groups, local authorities, the health authorities, landlords and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC.