

## Crossroads Care Braintree District And Chelmsford

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### Inspection report

8 Park Farm  
Witham Road, Black Notley  
Braintree  
Essex  
CM77 8LQ

Date of inspection visit:  
12 September 2016

Date of publication:  
19 October 2016

Tel: 01376529985

Website: [www.braintrecrossroadscare.org](http://www.braintrecrossroadscare.org)

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 12 and 13 September 2016 and was announced.

Crossroads Care Braintree District and Chelmsford provides a choice of sit in respite care and personal care to people who live in their own homes. This is in order for people to have company and remain safe whilst their family members have a break from being main carer, as well as supporting people with personal care and to maintain their independence.

At the time of our inspection the provider confirmed they were providing support to 90 people. Of these, only four people received personal care, as regulated by us, the Care Quality Commission (CQC). Information relating to other people could not be included in this report.

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 had risk assessments in place, but they were not always up to date and did not always reflect their current support needs.

People's care plans were not always up to date, and did not always reflect their current support needs. A relative told us that they had not been able to have a review of their family member's care needs within the timescale that the service had said they would..

Quality assurance systems and audits were not being used. This meant that the service was not always aware that care plans were out of date and not reflective of people's current needs.

The staff we spoke with had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were able to demonstrate what they would do should they have any concern that abuse was taking place.

Staffing levels were adequate to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

The service was not currently supporting people with the administration of medication. Systems were in place to appropriately record medication administration should it need to be, and staff were trained to do so.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were confident that the support they received enabled them to do their jobs effectively.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Everyone we spoke with told us that staff members always gained their consent before carrying out any care tasks.

People were able to choose the food and drink they wanted and staff supported people with this, and people were supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it

## 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 was not always safe.

People's risk management plans did not always reflect up to date and relevant risks.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

**Good** ●

### Is the service caring?

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People did not always have up to date a relevant care plans and did not have regular reviews of their care.

Care and support plans contained personalised information to reflect people's individual needs.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

### **Is the service well-led?**

The service was not always well led.

Quality assurance systems were not in place and therefore did not identify when risk assessments and care plans were out of date.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

**Requires Improvement** ●

# Crossroads Care Braintree District and Chelmsford

## **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 12 and 13 September 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The people who used the service were not able to communicate verbally so we did not speak directly to them. We spoke with four relatives of people who used the service to gather feedback instead. We also spoke with three support workers, the registered manager and the business manager. We reviewed four people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service.

## Is the service safe?

### Our findings

People had risk management plans that were not always up to date or reflective of their current needs. We saw information within a person's care plan that showed staff should support them with the use of a hoist around the home. The person had a moving and handling risk assessment which showed no evidence of it being reviewed for several years. The risk assessment informed staff that the person could mobilise around the home independently. It had not been updated to reflect their change in mobility and to assess the risks involved with staff using the hoist to support them. Other risk assessments we looked at also had no evidence of being reviewed or updated for several years. This meant that people were at risk of not receiving the appropriate support that they required.

People told us they felt safe when receiving support from staff within the service. One relative of a person said, "[person's name] is looked after very well. The staff are very safe in their practice. They know what they are doing and have been with us for a long time. We trust them." Other relatives of people using the service that we spoke with made similar comments and felt that their family members were being supported in a safe manner.

The staff had a good understanding of the signs of abuse and how to report it. A One staff member said, "If I had any safeguarding concerns I would record it and report it. I know the numbers to call if I felt it should be dealt with by the local safeguarding team or the Care Quality Commission (CQC)." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas. We also saw that the service had notified CQC of any incidents as required.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The staff confirmed that they were not able to start work until these security checks were completed. Within the staff recruitment files we examined we found application forms, a record of a formal interview, two valid references, personal identity checks and a record of DBS check.

People told us there were enough staff working at the service. One relative of a person said, "We have never had a missed visit. It's the same staff we see all the time and we get a call if that needs to change for any reason." We looked at the staff rotas which indicated that staff attended to the same people for the majority of their visits, which meant people had consistency of staff. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs.

The service was not supporting anyone with the administration of medication. The relatives of people we spoke with told us that they supported their family members with medication administration themselves. The registered manager told us that they were able to support people with medication if required and that staff members were trained to do so. We saw that staff had medication training, and the service had medication administration records to use if required.

## Is the service effective?

### Our findings

Staff supported people effectively with the knowledge and skills that they had gained through training. One relative of a person told us, "I am very happy with the service. I need them to come in and look after [person's name] so that I can have a break. They need to know what they are doing otherwise I wouldn't leave them here and I wouldn't get that break. They are very good and I trust them." All the staff we spoke with felt that the training and guidance they received enabled them to work effectively with people.

All the staff received an induction when they first started working for the service. The registered manager said, "New staff will come in and receive an office induction. They will learn about the service, read through the files and get to ask questions. They will then complete all the mandatory training sessions and go out to shadow more experienced staff." All the staff we spoke with confirmed that they went through this process. One staff member told us, "The ongoing training is very good. If I have an interest in something that would benefit the way I work with someone, I know I can talk to the manager and she will arrange something for me. For example, training in Parkinson's disease." We saw training certificates within staff files that showed us the training courses that had been completed. The ongoing training of all staff was monitored in a training log book by the registered manager to make sure that people's knowledge remained up to date.

Staff members received supervision from senior staff as well as yearly appraisals. The staff we spoke with confirmed that they had formal supervision in the form of sitting down with a senior staff member and discussing their work. One staff member said, "I can talk to the management any time, I don't always wait until a formal supervision, I know I can speak with them whenever." We saw evidence of supervisions within staff files.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew when capacity assessments and best interest decisions were required. We checked whether the service was working within the principles of the MCA. 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.

Consent was gained from staff before carrying out any care. One relative of a person told us, "The staff always gain consent. If they aren't sure about something they will always ask me as well." All the staff we spoke with said that they always speak to people and their family members as much as possible and make sure that they are happy with what is going on. We saw that people had signed consent to care forms and also signed consent for other things such as consent for staff to hold a door key to a house.

People were supported and encouraged to maintain a healthy and balanced diet. We spoke with people's relatives who told us that they supported people with food preparation themselves, but knew that they could ask the staff members to support if required. The staff we spoke with confirmed that they mostly

encouraged a healthy lifestyle and choices, but would sometimes help people to prepare food. We saw that information relating to dietary needs and preferences was contained within people's file which gave staff guidance on knowing what people liked to eat and drink and any special requirements.

All of the people's relatives that we spoke with said that they supported people to health appointments, and did not need staff to support in this area. The staff we spoke with confirmed that people had family members to support them attend appointments, but they could provide support if required. We saw that people had information within their files that detailed their medical needs.

## Is the service caring?

### Our findings

The staff had a caring and friendly approach towards people. One relative of a person told us, "They are a smashing lot, they are like part of the family." Another relative of a person said, "We have had the same staff for years now. They are superb. I know that [person's name] would say the same if they could. I would not use anyone else." The staff we spoke with felt that they were able to develop positive relationships with the people they were supporting and their family members. One staff member said, "Our aim is to make sure that family members have a good break from being the carer themselves. I love the job because we are providing good care to the individual as well as helping the family members by allowing them some time to themselves." All the staff we spoke with made similar positive comments.

Staff were aware of people's personal preferences. The staff we spoke with were happy that the care plans contained personalised information that guided them to provide person centred care. Within the care plans we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs were all documented. This meant that staff could be well informed about the people they were supporting and develop positive relationships.

The relatives of people that we spoke with said that they felt the staff were good at listening to them and understanding the needs of their family members. One relative said, "The staff really take the time to get it right. They come in and are very respectful of my role as main carer."

People and their relatives were involved in the care planning process. A relative told us, "We met with the manager when we first started using the service. We were asked a lot of questions about what our needs were. I feel like I can communicate well with the service and change things as I may need to." All the relatives we spoke with told us that they had the opportunity to speak with the staff and the manager about the care and support being received, and they felt their views were listened to and taken in to consideration. We looked at people's records and saw evidence to show they were involved in decision making processes.

People's privacy and dignity was respected by the staff working with them. All the relatives we spoke with told us that their family members were supported in a respectful manner. One relative said, "They support [person's name] with personal care and using the hoist. They are very considerate about privacy. I can't really ask for any more." The staff we spoke with all confirmed that they were mindful of people's privacy and making people feel dignified was very important to their role.

There were systems in place to ensure that information about people was treated confidentially. People's files and personal information were kept in a secure location in the office. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's information confidential wherever possible.

We were told that advocacy services could be made available should people require them. At the time of our inspection, no one was using the services of an advocate.

## Is the service responsive?

### Our findings

People's needs were not always regularly reviewed and updated as required. One relative of a person told us, "I have not had a review of [person's name] care for over two years, and it is supposed to be reviewed yearly." We saw that other people's care plans had not been updated for over a year and no review meeting had taken place. The registered manager told us that the service intended to review everyone's care plan once a year, but this had not always been done. This meant that people's care plans did not always contain up to date and relevant information and people were not always getting the opportunity to have a formal review of their care with the service.

People received a needs assessment when they first started using the service. The registered manager told us that she would either receive a referral from the local authority or from a private customer. She would then go out to meet the person and their family and carry out the pre assessment to make sure the service could cater for the person's needs. We saw that pre assessment paperwork that showed us this process had taken place for each person. The registered manager told us, "Once we have started caring for someone, we send out the same staff to them as much as possible so that they can develop a good friendship."

People received personalised care. One relative of a person said, "We have settled in to a really good routine, the staff have got to know us well." Other relatives we spoke with made similar comments and felt that the staff knew them well, and knew how to care for them appropriately. We saw that people had personalised information within their care plans that prompted staff to regularly check on people's preferences and offer choice as much as possible.

People were encouraged and supported to develop and maintain relationships with people that matter to them. Relatives we spoke with told us that they felt the staff involved them in people's care and communicated with them in a positive manner. One staff member told us, "Our service is about providing respite for family carers, which means we give people the rest they need and therefore strengthen the relationships they have with their family members who are cared for. We respect everyone's relationships. I think we really make a huge difference to people's relationships."

People had the time they needed to receive care in a person-centred way. The relatives of people that we spoke with felt that the staff that came into their homes and provided their family members with care, did so in an organised and calm manner. One relative said, "No we are never rushed. The staff arrive, allow me to tell them what's been going on today and what [person's name] might need." The staff we spoke with all felt that there was adequate time during visits to care for people without rushing.

The service had a complaints policy and procedure and people knew how to use it. One relative of a person told us, "I have never made any formal complaints, but I would be comfortable doing so if needed. I have good contact with management." There was a complaints procedure explanation sheet that had been given out to people so that they knew the full process of how to make a complaint and the process that would follow. We saw that there was a complaints folder that was kept where any complaints were recorded and responded to as required. All the recorded complaints that we saw had been dealt with in a timely manner

to the satisfaction of the person making the complaint.

# Is the service well-led?

## Our findings

Quality assurance systems and audits were not being used and did not drive improvement. During our inspection we found that risk assessments and care plans were not up to date or relevant to a person's needs. We spoke with the registered manager, they told us that there were no quality assurance systems or audits in place to monitor the reviewing and updating of care plans and risk assessments. This meant that the service was not always aware when risk assessments and care plans had become out of date and no longer relevant to people's needs. This was a breach of regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relatives we spoke with told us that the management at the service was good and that they were friendly and approachable. One relative said, "The managers do a great job, I have nothing but praise for them." Another relative said, "Some time ago now, I asked the manager if I could have a change in staff. They accommodated my request immediately and made life very easy for me."

All the staff we spoke with were positive about working for the service and the support that they received to do their jobs. One staff member said, "The support I receive is fantastic, the service is really well run." Another staff member said, "Many of us have worked here for several years now. That wouldn't be the case if wasn't run so well and we didn't feel like a team." All the staff that we spoke with said they felt valued and supported in their roles and they had the opportunity to discuss any issues either directly with management or collectively within a team meeting environment.

The service was a charity and we saw they had a structure that included trustees, the registered manager, a business manager, administration staff, and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service.

Incidents and accidents were reported appropriately by staff. We saw that incidents were investigated appropriately and steps were taken to address any issues that were raised. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

People who used the service and their family were able to feedback to the management about the quality of the care they received. We saw that when a person was new to the service, they were given an initial feedback questionnaire to give their opinion and thoughts on the start of their care. This enabled the service to work out any initial changes that people may require whilst getting to know them and their families. We also saw that an annual survey was sent out so that people and their families could continue to feedback. The surveys that we saw allowed people to score areas of the service out of 10, and gave them opportunity to comment on satisfaction with care, respect and dignity. We saw that actions could be created if any issues were raised.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems and audits were not being used and did not drive improvement. During our inspection we found that risk assessments and care plans were not up to date or relevant to a person's needs. We spoke with the registered manager, they told us that there were no quality assurance systems or audits in place to monitor the reviewing and updating of care plans and risk assessments.</p>

### **The enforcement action we took:**

Serve W.N