

Slough Crossroads - Caring For Carers

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Inspection report

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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

About the service:

Slough Crossroads is a domiciliary care agency (DCA) registered to provide personal care to people living in their own houses and flats in the Slough area. It provides a service to both younger and older adults. At the time of the inspection the agency was providing personal care and support to six people.

People's experience of using this service:

Relatives of people using the service, gave consistent positive feedback about how pleased they were with the service and staff. They described the staff as caring and supportive. People's privacy and dignity was respected by staff. People were supported to be independent and were in control of the support they had.

People's care plans were individual and described their needs and preferences. They were person centred and described ways staff could support people to access the things they enjoyed and to provide emotional support.

Relatives of people using the service told us that they had no concerns about the safety or well-being of their family members in the presence of care staff. There were sufficient numbers of safely recruited and appropriately trained staff. Individual risks were identified and staff had risk management guidelines and used these to inform the support they provided to people.

People received their care from consistent staff who arrived when expected, or alerted people if delays occurred. Information was shared effectively amongst the staff team to ensure people received consistent care. The provider worked with other professionals to help people receive coordinated support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to access health professionals and maintain good diet and nutrition.

People were issued with information about the service which explained how to make a complaint if they were unhappy.

Relatives of people in the service, staff and professionals we received feedback from had confidence in the management of the service. The registered manager and staff recognised their roles and responsibilities. Quality and safety issues were monitored across the service by the registered manager and the provider.

Rating at last inspection: Good (report published 11 May 2016).

Why we inspected: This was a scheduled, planned inspection based on the service's previous rating.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

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

Inspection team: One inspector carried out this inspection.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes to children and adults of all ages. Not everyone using Slough Crossroads receives a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 March 2019 when we visited the office location to see the registered manager and to review care records and policies and procedures. Between the 28 March and 5 April 2019, we contacted people, their relatives and staff to get further feedback.

What we did: Before the inspection, we reviewed information we had received about the service. This included notifications about incidents the provider must tell us about, such as deaths of people using the

service. We reviewed the Provider Information Return (PIR). The PIR is information we require providers to send to us to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection, we looked at a range of documents including the provider's policies and procedures, compliments the service had received and quality assurance reports. We looked at three people's care and medicines records. We looked at three staff records including recruitment information. We spoke with the registered manager, administrator and three staff. Following the inspection, we spoke with four relatives by telephone. We received feedback from two professionals that work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff demonstrated their understanding, and had received training, of what abuse was and what actions to take. A member of staff said, "I have done the safeguarding training and would let the office know straightaway if I had concerns". The registered manager had a good knowledge of safeguarding and raised issues with the Local Authority as required.
- Relatives of people using the service told us that they had no concerns about the safety or well-being of their family members during the delivery of care from staff. A relative commented, "I feel safe, I have [staff] with me". A professional who provided feedback said, "I have not had reason to be concerned about medication or exploitation or any other form of abuse".

Assessing risk, safety monitoring and management:

- Risks to people were identified and plans were in place to guide staff as to how to support people safely. These included risks associated with epilepsy, skin care and mobilisation.
- Accidents and incidents were recorded, and the registered manager regularly reviewed these to see if there were any common themes. The service was small and no themes had been identified.

Staffing and recruitment:

- People received their care on time and no calls were missed. A relative said, "Carers visit three times a week. It's good, helps me out, a real god send. They arrive dead on the dot and we have regular carers".
- There were sufficient numbers of staff to meet people's needs, which enabled them to support people individually with their interests and social needs. A relative commented, "We had various carers. They were all very good and timekeeping was particularly good which I liked".
- Recruitment practices continued to be safe. Relevant checks had been completed before staff worked with people in their homes.

Using medicines safely:

- Where assistance was required, medicines were managed safely by suitably trained and competent staff. Medicine administration records (MAR) charts were completed where staff supported people with medicines.
- People were assessed for the medicines support needed. This included a list of the medicines they were prescribed, how they took their medicines and any support needed.

Preventing and controlling infection:

- Staff had received training in preventing and controlling the spread of infection and had access to relevant guidance and information.
- Staff used personal protective equipment (PPE) where required. A relative said, "They always have gloves and aprons to hand and wear these reliably".

Learning lessons when things go wrong:

- Staff told us they were encouraged to discuss any concerns and were supported to do so by the registered manager.
- Staff were kept updated about any issues that may reflect a change of approach in people's care. For example, if any medicines or creams had risks identified, so measures could be put in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The service assessed people's support needs and preferences before they were supported. This gave people and their relatives the opportunity to have full input about how they wanted their care and support delivered and the person's preferences. A relative said, "Assessment was done by [staff name] and they found out all about him in detail".
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to assessing, planning and delivering care and treatment. A professional commented, "Feedback from [people], is that Crossroads do an assessment that is reviewed on a regular basis. At a minimum annually.
- Staff told us they received training and regular updates on changes to guidance or the law. This ensured they were providing best practice and effective care and support to people.

Staff support: induction, training, skills and experience:

- People's relatives told us they had no concerns over the staff's experience. Professionals provided feedback saying, "I find the staff experienced, trained and competent" and "Some of their staff have been with them for many years. They are able to retain experienced and skilled staff".
- Staff said they were happy with the training and support on offer. A member of staff said, "I completed a three-day course when I started. I can do additional training if I need it. For example, managing epilepsy medicines".
- New staff completed an induction programme, including on-line and face-to-face training, shadowing staff delivering care and competency checks, before directly working with people.
- The registered manager recognised that their formal supervision policy needed amending to reflect individual staff's needs. They intended to discuss with staff how to update procedures to arrange both formal and informal support. Staff told us they felt supported and one said, "Anything you need help with, they jump in straight away. I enjoy working for them and we have a good team".

Supporting people to eat and drink enough to maintain a balanced diet:

- Where support with nutrition was assessed as part of people's care packages, dietary requirements and preferences were included in care plans.
- Staff were aware of people's preferences in relation to what they liked to eat and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care:

- We saw correspondence with social and health care community teams which demonstrated the provider was open to working with health and social care professionals to provide effective care to people.
- People continued to receive prompt and consistent support with their healthcare needs and were referred to appropriate healthcare professionals as required. We received feedback a professional about how people were supported in relation to their health. They said, "I have received very positive feedback from [people] on this, with their staff booking hospital and GP appointments as well providing necessary support to attend these appointments".
- Care records included details of GP's and other relevant health professionals involved in people's care. They also included details of people's relevant medical history and how staff could support people to manage their health.

Ensuring consent to care and treatment in line with law and guidance:

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. We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the principles of the MCA and ensured staff had training in this area. Staff showed an understanding of this.
- Relatives described that people were encouraged to make decisions for themselves and did not express any concerns about consent being sought at all times.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Relatives told us they were happy with how their family members were cared for and said that staff were kind and showed empathy to their needs. People's care plans contained details about the emotional support they needed. Relative's said, "They provide emotional support to [person] and assistance with personal care. They are wonderful, very good indeed" and "Emotional support is great. We get the care when we need it".
- Staff spoke positively of their roles and demonstrated a commitment to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people. Staff comments included, "I reassure people when they get upset. Basically, I enjoy my job and work from my heart" and "I get on really well with my clients and their families".
- People's religious and cultural needs were included in care records alongside other protected characteristics such as age and disability.
- Staff received training on equality, diversity and human rights. Spot checks and supervisions for staff and the quality assurance process assisted in monitoring this.

Supporting people to express their views and be involved in making decisions about their care:

- People and those close to them were actively involved in the assessment process which informed their care plans about their views.
- Care plans contained people's views and preferences which helped to ensure that care was delivered in a way that met the needs of people using the service.
The service was responsive to request to change the care package. Comments included, "They've been flexible to requests for changes. For example, we felt a male carer would suit [person] better and this was arranged and has worked out very well" and "[Person's] care needs have changed and the package was changed appropriately".
- People were involved in regular reviews of their needs to ensure the support and care they received was meeting their preferences and decisions. People's representatives and relatives were also involved as appropriate in line with information sharing and consent arrangements.

Respecting and promoting people's privacy, dignity and independence:

- Relatives said that staff were respectful and treated their family members with privacy and dignity when they provided care and support. A relative said, "Support was good. Staff provided privacy during personal care and respected [person's] dignity. I used to hear them chatting and laughing. [Person] enjoyed the

carers coming in each morning".

- Staff respected people's privacy and dignity. A member of staff told us, "We always knock on the door before entering their bedrooms, use their preferred names and respect their privacy".
- People's care plans described their level of independence so that staff could support people to be as independent as they could. A relative said, "His independence is respected" and a member of staff told us, "I ensure people have as much independence as possible. One of my clients does what he can with some input from me if needed".
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people meet their intended outcomes and goals.
- Care plans were completed after consulting with relatives and professionals and reflected people's needs and preferences.
- People's social interests, activities they enjoyed doing both at home and in the community, were documented. Relatives told us that care workers encouraged people to take part in these activities commenting, "Carer takes [person] out for walks whenever they want. This is good and helps as they like to go out and about". A member of staff said how they enjoyed people doing the activities they liked such as going to a gym. We saw on a person's care plan that were supported to things they enjoyed, including visiting a place of worship, being supported to the hairdresser and trips to a particular shop.
- We received positive feedback from people's relatives who stated that staff provided person-centred care. Comments included, "We were signposted to the agency and have been very happy with them. I'd happily recommend them" and "I had them recommended to me and they said I wouldn't be disappointed and I'm not" and "Would fully recommend them".
- People's communication needs were identified, including how to support people who may be distressed and need emotional support to express their feelings. Care plans identified, flagged, recorded, any communication needs such as sight or hearing loss as required by the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is the law for adult social care services to comply with AIS.

Improving care quality in response to complaints or concerns:

- People had a service user guide in their home folders, informing them of how to raise concerns or make a complaint if they were unhappy. Relatives were aware of who to contact if they had concerns but no-one we spoke with had needed to do this.
- Records showed one complaint had been made in the previous year. This was dealt with appropriately and in line with policy which included a response from the director and trustees. We saw that many compliments had been received by people or from relatives whose loved ones had been cared for. We saw one thank staff for support during a hard year and stating their service was a lifeline for which they were grateful.

End of life care and support:

- The service was not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- We saw evidence that the service provided bereavement and emotional support to a person who had lost a close relative. They were keen to share their experience of the wonderful support that had been provided to their loved one and for the support following the person's death which meant a lot to them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us that the service was well led. They said, "Management and other office staff have been really helpful. It has been a very positive experience all the way through" and "They have been excellent".
- Staff also felt the service was managed well and the management made themselves available to provide support if needed. A member of staff said, "The service is extremely well managed. The Board and management care about staff. We had a Christmas meal and were given a gift card. It makes you feel valued".
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated.
- The registered manager and staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.
- The registered manager understood the 'Duty of Candour.' This Regulation aims to ensure that all providers act honestly and openly in their daily practice. It was evident that the registered manager took this very seriously and ensured they fulfilled this duty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care:

- There was a clear management structure in place and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The management team completed audits and checks on a regular basis and acted to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager continued to have an open-door policy and people were encouraged to visit the office and express their opinions either in person or on the telephone. Other ways of gaining feedback from people and relatives were by surveys and reviews. We saw that the local authority had undertaken a survey with people using the service and the response had been very positive.
- Staff were encouraged to attend staff meetings to share information and offer any views. Comments

included, "I attend staff meetings. We discuss the wellbeing of clients and get given any updates. I find the meetings very helpful" and "We get updated on things we need to know and get a lot of information".

- The registered manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these.

Working in partnership with others:

There was evidence that the registered manager worked well with external professionals. We received a comment from a health professional who said, "Managers at Crossroads always contact me to ensure that they are not making assumptions about people's needs and to ask me for more information to assist them in providing the best support". Another professional said, "Crossroads are part of the SPACE consortium. They network with other local delivery partners, attend strategic meetings, engage with their users, refer clients to other social and health activities run by community groups, and have demonstrated both co-operative and collaborative traits".