

Carers Trust, Heart Of England

Coventry Crossroads

Inspection report

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Date of inspection visit:

10 October 2018

11 October 2018

Date of publication:

08 November 2018

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

Coventry Crossroads is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported 75 people with personal care and employed 45 care staff.

The office visit of this inspection took place on 10 and 11 October 2018 and was announced.

At our last comprehensive inspection of the service in December 2015 we rated the service as Good. At this inspection we found the service remained Good.

A requirement of the provider's registration is that they have a registered manager. 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.

The registered manager in post at our last inspection had recently retired. They also had been the provider's nominated individual for the service and the organisation's Chief Executive Officer (CEO). The provider had appointed a nominated individual and a new manager, who was registered with us in August 2018. A new CEO had been appointed for the organisation.

People received care which protected them from avoidable harm and abuse. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Where people required support to take prescribed medicines, staff had received training to assist people safely.

There were enough skilled and experienced staff to meet the needs of people who used the service. People had different experiences of the consistency of care staff and their call times. Some people received care around the time expected from staff they knew well. Others did not know which staff would be calling, and call times could be earlier or later than expected. The management team had identified consistency of calls to people needed improvement and action had been taken to improve this. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service.

The managers understood their responsibilities in relation to the Mental Capacity Act 2005. Staff asked for people's consent before they provided care and people were involved in making decisions about how they wanted their care provided.

People received care from staff who they considered to be kind and caring, and who stayed long enough to provide the care and support people required. Staff promoted people's privacy and dignity. People received care and support which was individual to them.

Support plans were personalised and provided guidance for staff about how to support each person in the way they preferred. People's care and support needs were kept under review and staff responded when there were changes in these needs. Where required, people were supported to have sufficient to eat and drink and remain in good health.

The service continued to be well led. Staff said they received good support from the management team who were always available to give advice. Managers and staff told us there was good team work and that staff worked well together. The provider had effective and responsive processes for assessing and monitoring the quality of the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Coventry Crossroads

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 comprehensive inspection was carried out by one inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Inspection activity started on 11 September 2018 and ended on 11 October 2018. This included telephoning people and their relatives to get their views on the care they received. We visited the office location on 10 and 11 September 2018 to meet with the registered manager and nominated individual, speak with staff and review records. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

The provider had completed a Provider Information Collection (PIC) before this inspection. 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 reviewed the information in the PIC during our visit. We found the information reflected how the service operated.

Prior to the office visit we reviewed the information we held about the service. This included statutory notifications the service had sent us and the 'share your experience' information we had received. A statutory notification is information about important events which the provider is required to send to us by law. 'Share your experience' is information that people who use the service/ relatives/members of the public or social care professionals want to tell us about. These can be concerns or compliments. We also contacted the local authority who arranged placements with the service. Information received was considered as part of our inspection planning.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We spoke with twelve people, and five relatives of people who used the service. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager, the providers nominated individual and the Chief Executive Officer, about their management of the service. We spoke with a community liaison officer, three care co-ordinators and three care staff about their roles, and what it was like to work for Coventry Crossroads.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be 'Good'.

Staff knew how to keep people safe and protect them from avoidable harm and abuse. Staff had completed safeguarding training, they knew how to recognise signs of abuse and understood their responsibility to report any suspicions or concerns to the management team. A staff member told us, "I would record it and let the managers know. They would look in to it and refer it to social services and the police depending on what the allegation was about." The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC).

People we spoke with said they, or their relative felt safe with care staff. Comments from people included, "Very safe with all of them. No concerns with this." And, "Quite safe I trust them around the house and feel safe that I can trust them to go about my deeds." Another said, "I do indeed. As they send different ones they all have identification badges on and this makes me feel quite safe knowing who they are." People we spoke with knew what to do if they had any concerns about safety. All said they would speak with care staff and the office.

We looked at the safeguarding folder, the safeguarding log told us records of investigations were kept on people's care files. There was no information on the log to show what the allegation was, what action had been taken or the outcome of the investigation. This did not support the registered manager in monitoring any trends and patterns from safeguarding information. The registered manager confirmed a log would be developed to record this information.

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries.

Plans were in place to provide staff with guidance about how to reduce risks to the care and support people required. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care. For example, how to assist people to move around and monitor people's skin to prevent it getting sore. A relative told us, People we spoke with confirmed staff knew how to manage risks identified with their care. "They [staff] are very good at manoeuvring [name] and putting powder and creams on, and making sure they are safely positioned."

Some people required equipment to move around, they told us staff knew how to use the equipment and how to move them safely. One person said, "I have a tripod walking stick, walking splints on my legs and a chair lift. They (staff) know all about this." A relative told us that their family member used 'a Mo lift, a shower chair and rotunda' and that. "All the care staff know about them and how to use them safely."

The registered manager and the care co-ordinators who scheduled people's calls told us there was enough staff to provide all the visits people required. People said staff stayed the full time allocated to provide their

care and support. One person told us, "I have a 45-minute call in the morning and they never leave early." Another said, "Even when late they do give the full- time slot." People said where two staff were required to meet their needs, two were always provided.

The provider's recruitment process continued to ensure risks to people's safety were minimised. Checks were carried out prior to employment to ensure staff were suitable to work with people who used the service. Records confirmed Disclosure and Barring Service (DBS) checks and references were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

People who required support to take their medicines received these as prescribed. People told us "They (staff) give me my tablets with a drink and check I am alright," and "I feel safe knowing that they (staff) are here to give me my correct pills in the morning."

Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. Staff signed a medicine administration record (MAR) sheet and recorded in people's records that medicines had been given. MAR's were checked during 'spot checks' to people's homes and when they were returned to the office. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. People we spoke with confirmed care staff wore protective clothing when providing personal care and carrying out other tasks. One person told us, "Yes they [staff] always wear gloves and aprons and will wash their hands before they leave."

The provider had a system to record and monitor any accidents and incidents that occurred. The registered manager analysed records for any trends or patterns of incidents and to see if there was any learning from events and to minimise the risks of re-occurrence. The registered manager told us there had been no patterns or learning from incidents in the past 12 months.

Is the service effective?

Our findings

We found staff had the same level of skill, experience and support to meet people's needs effectively as we found at the previous inspection. People continued to make their own decisions. The rating continues to be 'Good'.

An assessment was completed at the start of the service so the registered manager knew what care people required and that staff had the skills to meet people's needs. People remembered having an assessment, one person told us, "Yes had a full one [assessment] at the start about two and half years ago now."

To support people to receive effective care the provider employed two occupation therapists (OTs) who carried out assessments of people's needs including their mobility, and could order any equipment required. The OTs also observed staff moving and handling practice and offered support and advice about good practice when needed.

People told us staff had the skills to meet their needs, their comments included, "Yes the carers are well trained and all very good," and "They [staff] are absolutely superb all of them" Relatives also thought care staff were trained and competent to care for their family member. They told us, "Yes, very well trained and they look after [name] very well in my opinion." "Absolutely fine you can tell from the way they [staff] use the equipment to move [name] they know what they are doing."

Care staff completed an induction to their role when they started to work for the service, which included training and working alongside more experienced care staff. They said this helped them to understand their role and how to support people. The registered manager told us the induction training included the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. Staff had observations of their practice during their induction to make sure they were competent and confident, before they worked on their own. A new member of staff told us about their induction training, they said, "I had two weeks induction training. As I am new to care if I hadn't had this I would have been lost. It was very good."

Staff completed regular training in areas the provider considered essential for care staff. This included moving and handling people, safeguarding adults and health and safety training. We asked staff about their training, they told us the training was "very good". They said training was mostly 'face to face' with the trainer so they could ask questions and discuss their learning.

Staff had completed training in The Mental Capacity Act 2005, (MCA), but not all staff understood the principles of the Act. One staff member told us, "I have had training but I am not too sure about this." With prompting, staff knew MCA was about people having the capacity to make their own decisions and gaining their consent before providing care. During our feedback at the end of the inspection visit we discussed staff understanding of the MCA with the senior managers. They agreed to reissue staff with information about the MCA and to speak with the trainer about the MCA training programme.

The provider also employed an 'informal carer trainer'. This person provided training to family members/representatives who provided informal care to people who used the service. By informal carer we mean they were not paid to do this. This training included, safeguarding, and moving and handling training so family members knew how move people safely and keep people safe.

Care staff said they had regular individual meetings with their manager to discuss their work and personal development. They also confirmed they had 'spot checks' (observations in people's homes) to make sure they put their training into practice.

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 provider was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. They understood their responsibilities to protect people's rights and what to do when someone may not have the capacity to make their own decisions, so these were made in people's best interests. People's consent to care continued to be sought and people's rights with regards to consent and making their own decisions was respected by staff.

Care staff told us everyone they visited could make everyday decisions for themselves or had someone who could support them to do this. All the people we spoke with confirmed staff asked for consent before providing care. One person told us, "Yes they do. They won't start anything without asking me first. They are very caring I couldn't have better." Another said, "I don't think they have ever come in and just started without talking and asking me first."

Where people required support with their meals, staff supported people to have sufficient to eat and drink. People told us they were always offered a choice from the food available and staff left them with a drink before leaving, to maintain their hydration. One person told us, "Yes they get me a breakfast in the morning either cereal or toast with a drink. For lunch they get soup or something I choose, it could even be a sausage sandwich which they will cook for me. With a drink as well." Another said, "They get my dinner and prepare my tea. I have microwave ready meal for dinner time and they prepare me sandwiches of my choice for tea and cover them up ready for me. They also always give me a drink of my choice." There was no one who used the service at the time of our inspection that had any specific dietary requirements.

People who used the service managed their own health care appointments or were supported by family to arrange these. Staff said they would phone a GP or district nurse if they needed or would ask the family to do this. People confirmed staff responded if they were unwell. One person told us, "I usually make my own appointments but I know they would if asked, and get any help if I needed it."

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and they remained happy with the staff who visited them. The rating continues to be 'Good'.

People and relatives were positive about the standard of care they received. People told us, "I am extremely happy. All of them [staff] are excellent. So nice and caring with me." Another person said, "They [staff] are all very caring and I could not have better." Relatives said, "All the carers are nice and caring and sit and talk and have a laugh with [name]," and, "Very good. They [staff] care about what they do and it shines through."

We asked staff what 'caring' meant to them. All said it was being treated with dignity and respect and providing care as people preferred. One staff member told us, "It's treating people as I would like to be treated, or how I would like my mum or day cared for." They went on to say, "I think Crossroads have some wonderful care staff, they really care about people and nothing is ever too much trouble."

People and relatives said care staff treated them with kindness and consideration. Comments received included, "They are careful getting me out of bed and washing me and I have no worries with them," And, "The carers are very careful when assisting [name] to wash and dress taking care so as not to hurt him."

People told us their privacy and dignity was maintained. One told us, "Excellent. They wash my bottom end and cream me and keep me covered up where they should do." Another said, "When they shower and wash my hair I am never left fully uncovered. They are most respectful." Relatives also confirmed privacy and dignity was maintained, with comments such as, "The respect of [name's] privacy and dignity is good when they are either washing or giving him a shower. The door is closed and the blinds down."

Staff understood the importance of maintaining confidentiality and said they would not discuss personal information unless the person was authorised for them to share it with. Information containing personal information was stored securely in the office so it remained confidential. Following discussion with the registered manager, the process for issuing staff with key entry codes to people's homes was revised to ensure information remained secure and safe.

People, and care records, confirmed people were involved in their care, and how they would like to receive this. When we asked people if they felt involved in their care and listened to, people told us, "Yes I do. They look after me very well and I do tell them how I am feeling and if I need anything else doing for me." Another said, "I do yes, together with my husband we decide on what I need to have done and let them know."

None of the people we spoke with had any specific cultural or religious needs that care staff supported. The registered manager told us about one person who used the service whose first language was not English. They said care staff who could speak the person's language were allocated to their call but they also liked having English speaking care staff. One staff member we spoke with told us how the service supported their diversity. They said, "They are very understanding of my religious beliefs. As a female Muslim I am not allowed to provide personal care to men. They [managers and care co-ordinators] understand this and do

not schedule these on my rota."

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be 'Good'.

The initial assessment carried out at the start of people's service was used to devise a care plan informing staff how to provide the care people required. Staff told us all the people had care plans in their home for them to follow.

People told us they had been involved in completing their care plans which were reviewed regularly to keep them up to date and accurate. People told us, "Yes I do review my care plan with them and any changes are put into it."

We reviewed the care plans for four people who received personal care. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Care plans were focused on the person and included, their choices, likes and preferences. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. Staff told us that care plans in people's homes were up to date and easy to follow.

People told us that staff who visited regularly knew their preferences and how they liked their care provided. For example, people said "They know my likes and what needs doing very well." "They do know me well and I could not have better ones," and, "Yes I feel they know me well, and are well aware of what I like and what I don't." However, some people said, as they had inconsistency of care staff, staff who visited did not always know them well. For example, one person told us, "This is difficult as they are all nice, but as they keep sending different ones they cannot possibly know [preferences]."

People had different experiences about the consistency of visit times and the continuity of care staff that visited them. Some people had the same care staff at the same time each day while others had different care staff at each call and the times staff arrived to provide their care fluctuated. People said, although calls times fluctuated care staff always arrived. Comments from people included, "Fortunately I have the same one all week, so I am well pleased." Others said, "They are usually on time so not had cause to complain," And, "Timings are alright as I have a double up call. They always come to me." However, three people told us how the lack of continuity was affecting them. They said, "I keep getting different carers and I don't like it. I would like the same ones to get used to them." "Timing is poor in the morning and it is upsetting me. They should be here at 7am but sometimes 8am or 8.30am. A relative told us, "Never know who is coming and this is upsetting [name]."

The management team were aware of the inconsistency in people's call times and with staff that visited them. They said this had been identified by people's feedback during visits, and concerns raised by people and relatives. The management team had taken action to improve this. The co-ordinators were in the process of rescheduling all visits to people so they received regular calls by consistent care staff. They told us about 25% of calls had been rescheduled and this would be completed and fully implemented by the

beginning of November 2018. We looked at a sample of the calls that had been rescheduled, which showed consistency of care staff and times of visits.

Following our feedback to the management team about some people's experience of inconsistency, they agreed to contact people who used the service to reassure them they were aware of the situation and let them know that action was being taken to resolve this as soon as possible.

The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager told us no one using the service required information in other formats other than written English, but information would be made available in other formats if people required this.

We looked at how complaints were managed by the provider. People knew how to make a complaint and had complaints information in their home that explained the complaints procedure if they needed it. Some people had raised concerns with the management team about their service, such as receiving a rota of staff visits, change of care worker, or timings of calls. People said these were not formal complaints but they had expected the service to do something about their concern. Other than timings of calls, people said they felt listened to and their concern was resolved.

We looked at the complaints folder. Formal complaints had been recorded, and investigated in line with the providers policy and procedures. Complaints were monitored and analysed for any trends and patterns. Concerns were recorded on people's individual records, with the action taken to resolve the concern.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by a management team who were committed to providing a good quality service to people. The rating continues to be 'Good'.

There was a registered manager in post who understood their responsibilities and the requirements of their registration. The management team consisted of the Nominated Individual who was the operations manager for the service, the registered manager, care co-ordinators, community liaison officers and occupational therapists. They were supported by a team of administrators, training officers and a recruitment officer.

The senior management team of the service had changed since the last inspection. The registered manager, who had also been the providers nominated individual and the CEO for the organisation, had recently retired. The provider had appointed a nominated individual and a manager, who had registered with us in August 2018. Both managers were existing employees for Coventry Crossroads and understood the provider's policy and procedures and how the service operated. The CEO was new to the provider, Carers Trust, and was based at Coventry Crossroads. In the short time they had been in post they had developed a good understanding of the service and how it operated. They had identified where improvements were needed and with senior managers had developed an action plan to implement the improvements. A copy of the action plan was shared with us. This showed actions were monitored and reviewed regularly to ensure improvements were made.

Managers told us they worked well together, and shared the same vision for the service. They had good oversight of the service and were committed to continually improving the service people received and taking the service forward. For example, they had identified that staff recruitment and retention required improvement. To improve this they had appointed a recruitment officer, who we were told was now making a positive difference in the stability of staffing and recruitment of care staff.

Since our last inspection the service had attained a new contract with the local authority in October 2017. The managers and co-ordinators said this had put additional pressures on the service as this was a 'no refusal' contract, which meant they had to schedule new visits to people into care staff's existing work schedules. This resulted in visit times to people being regularly changed as well as changes to the staff that visited them. The co-ordinators told us this had become more manageable recently. They also said once the work on staff call schedules had been completed they would easily know where they could allocate new calls without much disruption to existing schedules.

Overall people were happy with the service they received. People told us, "Very happy, in fact extremely. All the carers are good. I feel quite safe with any of them coming." "Very happy with the care I get from them. The carers are all nice caring and friendly, yes very nice all of them." And, "Extremely happy. Never even had to speak to the office for anything."

Staff we spoke with enjoyed working for Coventry Crossroads and felt supported by the management team.

Staff told us, "I love my job, it's so rewarding," and "I love my job, everything works really well." There was an 'on call' system for staff working out of office hours so they always had access to support and advice. One staff member told us, "We get good support from the office and the managers, you know they are there for you if you need them."

The CEO had held meetings with care staff in June/July 2018 to introduce themselves and discuss improvements for the service. They said staff were open and honest with them during meetings and had stated they were unhappy with call schedules constantly changing and pressures of work. A newsletter was sent to staff following the meeting explaining 'What you said and What we have done'. To address this, call schedules were being revised and they were introducing an 'absence team', a team of staff to cover staff sickness and holidays. This would reduce care staff having to 'pick up' additional calls when staff were absent.

People were asked for their opinion of the service during, 'spot checks', and reviews of their care. We saw one person responded during a spot check with, "I am looked after very well thank you." People and staff were also sent an annual survey by the provider to find out their views. Responses from surveys were collated and sent to the registered manager and made available to people in the providers annual report.

We saw people and relatives had sent thank you cards about the service. A recent card stated, "I am writing to thank you whole heartedly and recommend you to any who wish to use your service."

There were procedures to monitor the effectiveness and quality of the service. The provider and registered manager undertook regular checks and audits to ensure quality was maintained. Records from people's homes were returned to the office for checking. For example, daily records staff completed during visits and medicines administration records (MAR). This was to ensure people received their care as recorded in their care plans and were supported to have their medicines as prescribed.

The managers worked closely with other professionals including brokerage who arranged placements, social workers and commissioners from the local authority. Feedback we received from the local authority commissioners confirmed this.