

Carers Trust, Heart Of England Rugby Crossroads

Inspection report

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Date of inspection visit:
27 November 2018

Date of publication:
09 January 2019

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

Rugby 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 150 people with personal care and employed 43 care staff.

The office visit of this inspection took place on 28 November 2018 and was announced.

At our last comprehensive inspection of the service in April 2016 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 Chief Executive Officer (CEO). The provider had appointed 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 in most cases risk management plans were in place to manage identified risks. Staff received training to assist people safely to manage risks and take prescribed medicines.

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 they 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 the consistency of calls to people needed improvement. Actions were being taken to make improvements at the time of our inspection visit.

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.

People's care and support needs were kept under review and staff responded when there were changes in those needs. Where required, people were supported to have sufficient to eat and drink and remain in good health.

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 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.

Rugby 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 as the people who used Rugby Crossroads.

Inspection activity started on 23 November 2018 and ended on 4 December 2018. This included telephoning people and their relatives to get their views on the care they received. We visited the office location on 27 November 2018 to meet with the registered manager and the chief executive officer (CEO), speak with staff and review records. We told the provider we were coming so they could arrange to be there and arrange for information to be available to us about the service.

The provider had completed a Provider Information Collection (PIR) 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 PIR during our visit. We were also provided with updates to this information during our inspection process. We found the information received 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 to ask

them their views. Before our inspection visit we wrote to 50 people, 41 staff, 2 health professionals, and 50 relatives of people who used the service. We received feedback from 14 people, 4 relatives and 3 members of staff.

We also contacted people by phone. We spoke with nine people, and two 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, two members of care staff and the CEO, about their management of the service. We reviewed five 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'.

One hundred per cent of the people we contacted in our survey told us they felt safe with staff that visited them in their home. People we spoke with said they, or their relative felt safe with care staff. Comments from people included, "Yes, I feel very safe with them. I've had no accidents or falls with them", "They are all now very experienced. I'm very much at ease and safe with them", "The care is all safe and it's done with dignity. After an accident the staff found me, called the paramedics and waited with me."

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. The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC). The registered manager kept a log of any concerns that had been raised with them. This supported them in monitoring any trends and patterns from safeguarding information.

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.

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. However, we found risk assessments were not always in place for the management of some infectious diseases. The registered manager told us, guidance for these conditions were available for staff, and staff receive training in good infection control procedures. The registered manager later confirmed that guidance notes had been added to the risk assessment following our inspection visit, to remind staff of their training.

People and staff confirmed staff understood their responsibilities in relation to infection control and hygiene. Staff told us they had received training in relation to this which was regularly refreshed. People we spoke with confirmed care staff usually wore protective clothing when providing personal care and carrying out other tasks. One person said, "The staff need to put cream on me. They wear gloves and an apron."

The registered manager told us the Rugby Crossroads service was currently undergoing some improvements and changes. One area of change included the review of paperwork and care records, as these were being transferred to an electronic format. This would provide staff with more up to date information, at a glance, as records could be immediately updated when things changed. This was being implemented at the time of

our visit.

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. However, they acknowledged that in the previous six months prior to our inspection visit, people had not always received consistent staff at a consistent time. This was due to staff shortages, which were now being addressed by the management team. One care co-ordinator told us, "Office staff used to be out helping with care tasks quite frequently (to cover for care staff), but we are now working in the office most of our time."

People told us, "Staff might come a little late, but they are very good. At tea time they can be short staffed. If they come too early or too late, I am still full from lunch, or really hungry", "At present I have continuity of staff and its really improved things. Before it was hit and miss, now I have mostly regular staff and they know what to do. I get a phone call to tell me if it's not a regular replacement calling the next week.", "I find the staff are really nice and punctual and they've been coming for some time," and, "Staff are mainly on time. We are flexible about times."

From our survey eighty-eight per cent of people said staff usually arrived on time. Two staff members said they would like to have more travel time between calls. We spoke with a care co-ordinator who explained in addition to the recruitment of more staff, they were currently reviewing how all the calls were scheduled. This was to ensure there were sufficient staff and travel times scheduled into the rotas, so that staff could arrive at the expected time. The provider had also introduced a new 'absence team', this comprised of extra staff who could fill in if regular staff were absent or off sick.

People who required support to take their medicines received these as prescribed. Staff had completed training to administer medicines safely and were assessed as competent to do so. 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 (each month). This was to ensure they were completed accurately and any discrepancies identified in a timely way.

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

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'.

People told us staff had the skills to meet their needs. Care staff completed an induction to their role when they started to work for Rugby Crossroads, which included training and working alongside more experienced care staff. 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 set by Skills for Care (a training and standards organisation). Staff had observations of their practice during their induction to make sure they were competent and confident, before they worked on their own.

Staff completed regular refreshers and updates to their 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". Training programmes were varied and included online training and 'face to face' with a trainer using equipment, so staff had practical experience of using specialist beds and mobility aids.

Improvements were being made to the training programmes. Some staff training refresher courses had fallen behind the provider's own schedule during 2018 due to staff shortages, which were being renewed. The provider was making changes to some courses to increase their effectiveness. For example, the registered manager spoke about staff having personalised training to support one person with dementia, tailored to their specific needs. Improvements also included a review of staff training by Skills for Care, to develop more 'values based' care training, and how staff could effectively utilise their skills.

To support people to receive effective care the provider employed two assessors who carried out assessments of people's needs including their mobility, and could order any equipment required. These staff also observed staff moving and handling practice, supported staff with training and advice about good practice when needed.

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 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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff gained their consent before providing care. 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.

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 said, "They sometimes do me a breakfast. It's nicely done."

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 said, "Yes, if they see anything they've alerted me to get the doctor or nurse if it's been needed."

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 don't look on them as my carers they are more like family", "I love them [the staff]. I've absolutely no complaints at all, they do exactly what it says on the box... and they care", "They're very good. They are like friends. It's nice company if you live on your own."

We asked staff what 'caring' meant to them. All said it was being treated with dignity and respect and providing care as people preferred.

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.

People told us staff treated them with dignity and respected their privacy. One person said, "Staff help me to have a wash or usually a shower. It's provided with dignity. They respect me and my privacy well. They make sure I'm fully dried."

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 they did.

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. One person said, "They [staff] do a review each year. They listen to me."

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 call times fluctuated care staff always arrived to provide their care.

The management team were aware of the inconsistency in people's call times. 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. Office based care co-ordinators were in the process of re-scheduling all visits to people so they received regular calls by consistent care staff. The management team were confident the re-scheduling would be completed and fully implemented by the beginning of December 2018.

People told us staff who visited regularly knew their preferences and how they liked their care provided. We reviewed the care plans for four people who received personal care. All contained an assessment of people's needs. 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. Staff told us that care plans in people's homes were up to date and easy to follow.

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. The provider offered people a wide range of options, to assist with their communication needs. These included records in different languages, staff trained in sign language, and audio assistance for people with visual impairments.

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. One person said, "I've had no complaints."

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'.

Ninety-two per cent of the people we surveyed told us they would recommend the service to others. Comments from people included, "It's been the best service we have. Our carer is regular, polite, and gets on with [Name] well."

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, the registered manager and two care co-ordinators. They were supported by staff at the provider's offices such as training officers, quality assurance team members and recruitment officers.

The senior management team had changed since the last inspection. The registered manager, who had also been the provider's 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. The CEO was new to the provider, Carers Trust, and was based at their Coventry branch. 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. For example, they had identified staff recruitment and retention required improvement. To improve this they had appointed a recruitment officer, which had made a positive difference in the stability of staffing and recruitment of care staff.

Staff we spoke with enjoyed working for Rugby Crossroads and felt supported by the management team. 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. A newsletter was sent to staff following the meeting explaining 'What you said and What we have done'. To address staff concern's call schedules were being revised and they had introduced 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. 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 provider's annual report.

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 provider had a number of planned improvements. They were working in conjunction with Skills for Care, a recognised training and development organisation, who were assisting them with a review of values, to enhance guidance and training for staff in delivering value based care.