Redbridge, Epping and Harlow Crossroads - Caring for Carers

Havering

Inspection report

Victoria Centre
Pettits Lane
Romford
Essex
RM1 4HP

Tel: 01708757242
Website: www.crossroadscarehavering.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 8 December 2016. This was the first inspection of the service since its re-registration as Havering under the provider, Redbridge, Epping and Harlow Crossroads - Caring for Carers.

Havering is a domiciliary care service based in London Borough of Havering. The service is registered to provide personal care for people in their own home. At the time of our inspection, the service provided a service to 200 people, who received personal care and support in their own homes.

The service had 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 care homes, 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.

There was a good management structure in place with clear vision and objectives to ensure the service was run effectively. Various regular auditing systems helped the service to identify areas that worked smoothly and that needed improvement. The recruitment of relatives (carers) as board trustees allowed them to be involved in meetings at a senior level and to influence how the service was run.

People's care plans were based on their needs. We noted that each person had a risk assessment which identified possible risks and how they could be managed. Most of the people did not require support with medicines. However, we noted that there were appropriate systems in place to ensure that medicines were safely administered and recorded for those who needed staff support.

Staff told us they were well supported by their managers and they liked their job. We noted they had had an understanding of people's needs and demonstrated that they had good knowledge of adult safeguarding to ensure people were protected from abuse. Records showed that staff had access to various training programmes including a comprehensive induction programme when they started work at the service.

The service had a robust staff recruitment process in place to ensure new staff were checked and were suitable to support people. There were enough staff to support the people using the service.

People were able to make decisions about their care. Staff told us they respected people's wishes and treated them with respect and dignity. We noted staff had work experience of supporting people and had attended various training programmes including Mental Capacity Act (2005). The service had a complaints procedure in place and people and their relatives could be confident that their concerns would be taken seriously by and investigated by the registered manager.

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 was safe. People's risk assessments were completed and staff had knowledge about the actions they needed to take to reduce risks.

Staff were able to identify and manage incidents of abuse.

There were robust systems in place to ensure suitable staff were recruited.

There were good arrangements in place to ensure people's medicines were administered safely.

Is the service effective?

Good

The service was effective. Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005.

Staff supported people with their meals and to access healthcare professionals when and as required.

Is the service caring?

Good

The service was caring. Relatives told us staff were polite, kind, caring and thoughtful.

We noted that people and their representatives were involved in their assessments of needs and with developing care plans. Staff gave people choice of how they wanted to be supported and made sure that people's privacy was respected.

Is the service responsive?

Good

The service was responsive. Detailed care plans were developed based on the assessments of people. This ensured that people's care plans reflected people's individual needs.

There was a complaints policy and procedure in place, which ensured that people's concerns were appropriately investigated and addressed by the registered manager.

Is the service well-led?

Good

The service was well-led. There was a clear management structure. Relatives and staff told us that the service was well run and managers were approachable.

The registered manager sought feedback and put an action plan in place to make improvements where needed. Various aspects of the service were audited regularly and there was a business continuity plan to ensure the service was run effectively.

Havering

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 took place on 8 December 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about this service. This included details of its registration and notifications the provider had sent us and safeguarding incidents. A notification is information about important events which the provider is required to tell us about by law. The provider had also completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR during our planning of the inspection and also discussed it with the provider during the inspection. We contacted social care managers and the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with a support worker, the registered manager and the chief executive of the service. We also reviewed eight people's files including care plans and risk assessments. We looked at seven staff files which detailed their recruitment, training and supervision records and we looked at the training matrix for all staff working at the service. We checked the provider's quality assurance systems and reviewed various policies and procedures including the complaints, safeguarding adults and whistleblowing policies. After our inspection (on 12 December 2016), we spoke by telephone with 10 relatives and five care workers. People whom we randomly chose and contacted did not wish to speak with us.

Good

Is the service safe?

Our findings

All the relatives of people we spoke with told us that they felt people were safe using the service. One relative said, "I feel 100 per cent safe with our carer, [they are] a lovely person." Another relative told us, "Oh yes, we have two regular carers and [person using the service] knows and trusts them." A third relative said that they felt "quite safe" because "we have the same carer [whom] we know and trust".

People were protected from the risk of abuse. Staff told us that they had received training in child and adult safeguarding. They were able to describe what would constitute as poor practice and demonstrated that they had a good understanding of how to respond if they had concerns about people using the service. One member of staff told us, "It is my duty my clients are safe. If I notice a person is not safe, I have a duty to report it to my manager or to the Social Services." Another staff member said, "Touch wood, I haven't come across a person being abused but I know that I have to record and report incidents of abuse to my line manager or other authorities such as the police or Care Quality Commission."

Risk assessments had been completed for people using the service. Relatives told us risk assessments were completed before they started receiving the service. One relative said, "Everywhere [in the home where the person lived] has been assessed for any risks." Another relative told us that following their risk assessment, they had appropriate arrangements such as "a lifeline, grab rails and adapted bath" to ensure that the person using the service was safe. The risk assessments were detailed with information about possible risks and the action staff needed to take to ensure people were safe. We noted that aspects such as allergies, environmental, equipment and support related risks were outlined in people's care files. For example, one person's risk assessment stated that "care support workers need to be aware when [person using the service] is eating [as the person may choke]". Another person's risk assessment contained guidance which stated, "No unnecessary risks will be taken that might jeopardise the well-being of the person with care needs the carer and/or the care worker". The registered manager confirmed that all people using the service had risk assessments in place. Support workers told us each person they supported had a risk assessment which they had read and were clear about what to do in the event of an incident. This showed that people had comprehensive risk assessments in place.

Relatives' views about the staffing level were mixed with some stating that the service had enough staff and others saying there were not enough staff. However, one of the relatives we spoke with told us people were put at risk because of staff shortages or due to missed calls. They told us most staff were "always punctual" and came to support people. We noted that most of the people lived with a carer or a relative which meant that there was always someone around if staff were late. We noted from discussions with relatives, staff and the registered manager that the service and people could give notice to inform the other to make changes to the service. For example, if they wanted to cancel or change the time of visit. We noted that people were not charged for the service if they wanted to cancel, provided notice was given within the agreed time.

The registered manager told us they had enough care staff to meet the needs of people currently using their service. They explained that the number of people using the service changed all the time and that they continued to recruit new staff. They told us that care staff were flexible and were willing to cover some shifts

when some staff were unable to due to personal reasons. People's relatives and staff confirmed that they knew the out of hours contact numbers to let the managers know that staff were going to be late or not able to visit people. This ensured that staffing issues were picked up in time by the management team.

There were robust staff recruitment systems in place. The registered manager told us that they used an advertisement agency and website to advertise and recruit new staff. The recruitment process included completion of application forms, shortlisting, interviews and providing documents such as training certificates, written references, proof of identity and a Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions and shows if a prospective staff member had a criminal record or had been barred from working with adults or children due to abuse or other concerns. This ensured that the provider had reduced the risk of unsuitable staff from working with people using the service.

Most people either self-administered or had their medicines administered by their relatives. A relative told us, "I administer [a person's] medicine." One relative, who told us staff administered medicines to their family member, confirmed that medicine was "handled safely". Records showed that staff had attended training in medicine administration. Staff told us they attended training and they made sure that medicine administration sheets were completed and signed if and when they administered medicines. We noted that staff had also attended infection control training and were provided with uniforms, first aid kits, gloves and other personal protective equipment as appropriate.

Good

Is the service effective?

Our findings

Relatives told us staff had the experience and knowledge to support people. A relative said, "Yes, definitely [I feel staff are sufficiently skilled and experienced to support people]." Another relative told us, "I've always been a good judge of people and our carer is excellent." A third relative wrote in the provider's survey questionnaire, "[Staff are] an absolute star and worth every penny."

Staff told us they had attended various training programmes relevant to their roles. They listed the training they had attended which included moving and handling, first aid, medicine administration, children and adult safeguarding. They also told us that they had an induction and shadowing opportunity to get to know the policies and procedures and how the service operated. The staff files and the provider's training matrix showed that staff completed induction programmes and attended training programmes and refresher courses. We noted that an external trainer was commissioned to deliver face-to-face training. The registered manager and staff said online training was also being used. Discussion with staff and records confirmed staff had attended the Mental Capacity Act 2005 (MCA).

The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable.

The provider provided staff with a handbook which set out codes of practice, terms and conditions, the service's values and how to ensure they kept themselves and people safe. Staff confirmed that they had read the handbook and were clear about the service's policies, procedures and code of conduct. This ensured that staff were familiar with the policies and procedures of the service.

Staff received regular supervision and annual appraisals. The registered manager told us that a member of staff was employed to undertake supervision of staff. Records showed and staff confirmed that supervision and annual appraisals had taken place. We noted that staff were able to discuss practice and training matters related to their roles. Records also showed that managers carried out spot checks and visits to check care and support was effectively provided by staff. A support worker told us that they received "helpful supervision" and "fantastic support" from their line manager. This showed that staff were well supported to do their job.

Most of the people using the service did not need support with meals. A relative told us that staff did not support people with food and drink but they were happy with the care staff provided. Another relative said staff supported people to go to local restaurants where they enjoyed their favourite food and drink.

Staff supported people to access health care as appropriate. The registered manager told us and records confirmed that occupational and physiotherapy referrals were made for people following their risk assessments. Each person's care files contained the contact details of GPs and relevant healthcare professionals to be used if a person's health care was of concern. Staff told us that they would call emergency numbers or GPs if a person became unwell. Records confirmed that support workers had taken appropriate steps when a person was unwell.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring. One relative said, "[Staff are] very caring understanding and patient." Another relative told us that staff were "caring" and that they "always cheer [the person" up". A third relative wrote a compliment letter explaining how satisfied they were with the care because staff were "thoughtful, kind caring and good humoured".

Staff ensured people's privacy whilst treating them with respect and dignity. A relative told us that when staff assisted a person with their needs, they would "cover the [person], always close the door and knock if [the person] is in the room". Another relative said they couldn't "fault staff" as they were "polite, kind and respectful". Staff told us that they understood the importance of treating people with respect and ensuring their privacy at all times. One member of staff said they would knock on the doors before entering people's rooms, close doors and wait outside when supporting them, for example, with personal to ensure they were safe and their privacy was respected.

Staff developed positive relationships with people. We noted that most of the staff had worked at the service and with the same people for many years which enabled them to know people well and helped them develop a trusting relationship. A relative wrote, "It was most reassuring to have regular carers at each visit." Another relative told us that staff knew people's needs to provide appropriate care, for example, when going for a walk or taking people to cafés and restaurants. Staff told us they listened to and guided by people's wishes when supporting them. Another support worker told us that they had been working with the agency for many years they had always treated people as they would treat their own families.

Staff reviewed care plans regularly. The service had two "compliance supervisors" whose responsibilities included assessment of people's needs and review of care plans. The care plans we saw were up to date and included evidence to confirm that people or their representatives were involved and their views taken into account. Staff confirmed that they had read and knew people's care plans. They told us if changes were made to the care plans, these would be relayed to them and they were happy with the current system of managing care plans.

The registered manager told us they were confident staff knew people well. They explained that as far as possible, staff were assigned to work with people who lived locally so that travel was not too difficult. We were informed that staff were encouraged to use (or share) vehicles if they did double ups (or worked in pairs) so that they could arrive on time and care for people. Records and staff confirmed that staff were matched to people base on their needs and wishes. Equality and diversity was part of the support provided and was highlighted in people's care files. Staff confirmed that they knew the service's equality and diversity policy and ensured people were treated without discrimination.

Good

Is the service responsive?

Our findings

People received a flexible service. Relatives told us that the visit hours were "flexible" because they could ask to change or cancel visiting times to reflect their needs. They said when or if staff were not needed, they could cancel the visit. Records showed and the registered manager confirmed that the service provided extra support hours for free to some people. The registered manager said that as "a non-profitable agency, we can provide some free hours of support to some people".

Most relatives informed us that support workers stayed for the whole agreed time. However, one relative told us that a support worker left as soon as they completed the tasks. The person did not say how they felt about this but we recommend that the provider ensures staff follow best practice when they visit people. Another relative, who was satisfied with the care staff wrote, "Thank you to [staff name] who really has gone the extra mile to look after [a person using the service]."

Each person's assessment of needs were completed and care plans developed before they started receiving support. The registered manager said following receipt of new referrals from relatives and local authorities, community compliance supervisors would visit people to complete assessments of people's needs. Records showed that people and their relatives' views were sought and recorded during the assessments. A decision on whether or not to start providing the service would be based on the availability of appropriate staff to respond to needs.

The care plans contained various areas of support including what people could do for themselves and what tasks they required staff to support them with. They also contained important information such as their current medical diagnosis, religious beliefs and any allergies people might have. Under each area of support such as personal care, communication and medicine, a note was provided to advise staff how they should respond to the person's needs. People's personal desired outcomes and how these would be achieved were stated. This showed that people's needs and wishes were clearly recognised in their care plans.

The service had a complaints policy and relatives told us they knew who to contact if they had a concern. A relative who was satisfied with the outcome of their complaint wrote to thank the registered manager "for going above and beyond [their] job role" in supporting them to resolve an issue. The provider's service user guide contained details of how people could make a complaint and Staff told us they had read the complaints policy. The registered manager told us that all complaints were investigated and responded to. We noted five complaints had been received and investigated since September 2015. Relatives told us they knew how to complain. We looked at the complaints book and saw five recorded complaints.

Good

Is the service well-led?

Our findings

Relatives and staff told us they were happy with the way the service was managed. One relative told us they were satisfied with the service except that "they are very slow to send their invoices". Another relative told us they had no issues with the management and "would recommend the service [to friends and relatives]". Staff told us they could speak with their line managers who were helpful. One member of staff said, "I have never felt supported and listened to in my life [as I have been by my managers]." Another support worker told us that the managers were approachable and they liked their job.

The service had a clear management structure which included the chief executive officer and the registered manager, who were based in the office, and two community compliance officers, a rostering and referrals supervisor, learning and development supervisor and administrative staff. The office was well equipped with computers, telephones, broadband services, chairs, desks, filing cabinets, and a training/meeting room.

Senior managers had various regular meetings in which they discussed how the service was run and what they needed to improve. We noted that monthly board of trustee's meetings, of which 50 per cent of the members were carers (relatives), took place. This allowed the carers to be involved in and influence how the service was run. Other regular meetings such as health and safety, policy and procedure committee, business continuity plan, finance, quality and staff meetings took place annually, six monthly or once every three months. Meetings were useful for monitoring aspects of the quality of the service and putting an action plan in place to ensure the service was run effectively. Copies of the minutes of meetings were available for the inspection.

The registered manager sought feedback from people, relatives and staff. The last feedback from people and relatives was carried out in June/July 2016 and the report showed that 41people, that is, 33 per cent of the total surveyed, completed and returned the survey questionnaires. We noted that most of the respondents were satisfied with all areas of the service except 59 per cent of the respondents who stated that they did not know how to contact the service. We were reassured that the registered manager had put an action plan in place to improve this. A staff satisfactory survey was conducted in April/May 2016 and the registered manager had analysed the outcome and developed an action plan to make further improvements.

The registered manager had a number of plans which they intended to introduce to make the service more effective. We were informed that the service wanted to be paperless and they wanted to use internet technology for conducting meetings and staff supervision. We were assured that the provider had a suitable system to carry out an analysis of the plans through their 'Impact assessment' before new processes or activities were implemented.

The service worked well with local and national charitable organisations. On the day of the inspection, we saw an advertisement inviting people and carers to join the service at a morning event at a local venue. The service was also reported to and reviewed by the commissioning authorities. As part of their registration requirements, the service had sent notifications to the Care Quality Commission. We noted the registered

manager undertook various audits including spot checks of care staff and checking of care plans, incidents, complaints and training records.