Gateshead Crossroads Caring for Carers

Carers Trust Tyne and Wear

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

Carers Trust Tyne and Wear is a domiciliary care service which provides personal care for people in their own homes in order to provide respite for carers. The service also provides residential respite care for up to four people. The service is available to both adults and children with physical and mental health needs. At the time of this inspection 200 people were using the service. The provider is Gateshead Crossroads Caring for Carers which is a registered charity.

This inspection took place on 17 and 20 July 2017, and was announced. We gave 48 hours' notice of this inspection because the service is a domiciliary care agency and we needed to be sure there was someone in the office available to assist with the inspection.

The service had a registered manager. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

The provider had a robust recruitment process in place to ensure only appropriate people were offered employment.

The service ensured that sufficient hours were negotiated with the commissioning authority to ensure the person's and their carers' needs could be met safely. The provider used an electronic system to plan and produce rota's for people and staff which took into account staff sickness and holidays to ensure continuity.

Systems were in place to identify, assess and manage individual risks to people. Risks to people were identified during the initial assessment process. Control measures were in place for staff support and guidance. Environmental risks also formed part of the initial assessment process. Risk assessments were reviewed on a regular basis.

Staff had received training in safeguarding and the implications of the Mental Capacity Act 2005 (MCA), and were aware of their responsibilities.

People's medicines were mainly administered by their carers. Where care plans identified medicine were to be administered by staff we found these were managed safely. Staff were appropriately trained and had their competency to administer medicines checked regularly.

Staff received a robust induction which included shadowing a more experienced care support worker when

commencing their role.

Training the provider deemed essential was up to date. For example, moving and assisting. Staff also attended training sessions on more specific subjects to meet the needs of the people using the service, such as percutaneous endoscopic gastrostomy training (PEG). A PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate.

Staff told us they felt supported and received regular supervision and annual appraisals to discuss performance and personal development. We found care coordinators undertook spot checks to observe staff were supporting people appropriately.

Staff supported people with their nutritional needs where necessary. Health care needs were acknowledged and support gained from health care professionals when required.

Consultations took place with people and their carers to develop plans of support. Care plans were personalised and reviewed regularly.

People's social and leisure needs were met with staff supporting people to access the local community and amenities.

We saw that systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents.

The service sent out annual surveys to people to gain their opinions and views on the service. We found several compliments cards outlining peoples and their carer's satisfaction with the service they had received.

The provider had systems and processes in place to monitor the quality of the service.

Staff told us they felt the manager was open and approachable. Regular meetings were in place for staff to raised concerns and issues, on a regular basis. Personal records were held in line with Data Protection. The provider maintained notice boards containing information and guidance for carers and staff members.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Carers Trust Tyne and Wear

Detailed findings

Background to this inspection

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

The inspection took place on 17 and 20 July 2017 and was announced.

The inspection was carried out by one adult social care inspector and an expert by experience who made telephone calls to people and relatives to gain their opinions and views of the service. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG) for their views and opinions of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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. This was completed and returned within the required deadline.

During our inspection we spoke with the manager, two service coordinators and four staff members (Carer support workers). We made seventeen telephone calls and spoke with a total of three people and three relatives who used the service.

We viewed a range of records about people's care and how the service was managed. These included the care records of six people, the recruitment records of four staff, training records and records in relation to

the management of the service. No-one was using the residential respite service at the time of our inspection.
There were no issues or concerns raised by any other agencies that we contacted prior to the inspection regarding the support the service provided to carers and their relatives.

Good

Is the service safe?

Our findings

We asked people and their relatives if they felt the support they received was safe. One relative told us, "My husband likes to go out and about when the carer arrives and he has been planning where for days he is so excited. Even if he is in the car I am confident he is safe." Another said, "Yes, they are brilliant they come rain or shine", "I have no worries at all about how they treat my relative they are very safe." A third told us, "Just amazing brilliant carers and I never have any fears about leaving my husband or letting him go out with the carer."

We saw recruitment practices continued to be thorough and included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the provider had checks in place to make sure that staff were suitable to work in people's homes.

The provider had an electronic rota system. Staff could log in to the system and obtain their rota for the coming week. One care coordinator told us, "They [people] have set staff, we try to keep it like this for consistency." New staff were introduced to the people on their rota as part of their shadowing visits. When staff are on holiday, we found the office rang people to let them know there will be a temporary change of care support worker. During the inspection we witnessed such a call. One care coordinator told us, "We always match staff to people, it's about personality, skills and training, it is so important they [people] feel comfortable." People we spoke with commented they liked the fact they see the same carer, stating it allowed a rapport to develop.

We found people were protected from the risk associated with their care. We looked at six people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes as well as using equipment such as a hoist for moving and assisting.

The provider had policies and procedures to keep people safe. For example, whistleblowing and safeguarding policies. This meant staff had up to date guidance and information available to them. The provider had systems and processes in place to manage safeguarding concerns. No safeguarding concerns had been received by the service at the time of the inspection.

One care coordinator told us, "Staff know they have to come to us if there are any concerns, so we can report it." Staff told us they had confidence that any concerns they raised would be listened to and action taken by management. We saw there were arrangements for staff to contact management out of hours if they needed support or advice.

Staff were clear about what was expected of them in their roles and what responsibility they had to report concerns. We spoke with staff about their understanding of indications of abuse. One carer support worker told us, "I would report anything straight to [care coordinator], and they would act.

Staff had access to personal protective equipment and collected these from the office when necessary. Infection control policies and procedures were in place for staff guidance and information.

The manager had a reporting system in place to report and analyse accidents and incidents. This was to make sure any risks or trends, such as falls, were identified and managed. Reports of any incidents were reviewed and included the details of any actions taken.

We found the majority of people's medicines were managed by their carers. Where medicine administration formed part of a person's care plan, only staff trained in the safe administration of medicines carried out these calls. Medicine competencies were carried out by care coordinators as part of the spot check mentoring process. We reviewed a selection of medicine administration records (MAR) and found these were completed correctly. MARs were audited by the care coordinators and where necessary actions were recorded showing actions taken. Lessons learnt were discussed with staff during supervisions and team meetings.

Good

Is the service effective?

Our findings

We asked people and relatives if they felt staff had the right skills and training to support them. One person told us, "All the staff that come here are on the ball and well trained and confident." One relative said "I know that they are well trained; as I have been a trainer my self-wouldn't leave my husband with them otherwise."

Staff were issued with an employee handbook covering policies and procedures, safeguarding, whistleblowing and equal opportunities as part of their induction. Part of the induction process included new staff accompanying more experienced staff on some calls. These sessions gave staff the opportunity to observe how care and support were delivered as well as reading care plans and seeing how records were maintained. One carer support worker told us, "I did some shadow shifts, it's important to watch how the care is done. It was important to me and made me feel part of the team."

The provider used an electronic system to record and monitor staff training. We found staff had up to date training, for example, moving and assisting, first aid and food hygiene. Where necessary staff received specialist training to meet the needs of the person they supported. For example, we found records to demonstrate staff had received training in monitoring a person's oxygen levels. This training had been provided by the respiratory nurse specialist.

We saw staff who had not completed a National Vocational Qualification in Health and Social Care completed the Care Certificate as part of their development. The Care Certificate is a set of standards that social care and health workers adhere to in their role as carers. The Care Certificate should be covered as part of induction training of new care workers.

New staff received a 12 week review with their care coordinator to check on progress and to set actions for learning and development. We found detailed records of such discussions. A further meeting was held at 20 weeks, this meeting covered the staff member's progress against the actions set at the 12 week review and probationary sign off. This meant the provider supported new staff into their role as carer support workers.

The manager had a supervision and appraisal planner in place electronically. Staff we spoke to felt well supported in their roles. Records showed staff received regular supervisions. Supervision covered a range of topics including training, development and any concerns staff had. One carer support worker told us, "I have supervision with [care coordinator] regularly and an appraisal, we discuss training and set objectives." Another said, "We get supervision, talk about anything that is bothering you, training and any news."

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 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.

Staff had received training in MCA and DoLS. Staff understood that people should not be restricted unnecessarily unless it was in their best interests. They had an understanding of gaining consent before care and support is provided.

Where people required support with eating and drinking, staff prepared meals in line with people's preferences. We found care records contained guidance for staff to follow regarding nutritional needs. Daily records contained information to demonstrate how staff supported people with eating and drinking. One carer support worker told us, "I have one person who has a PEG, I have had special training to be able to support them."

The care coordinator told us, "As we provide respite care and support, the carers would manage their [people's] health needs, we can refer in if we need to." We found records to demonstrate that health care professionals were involved in people's care. People had access to GPs, dieticians and specialist nurses. Care records contained letters and information regarding people's health.

Good

Is the service caring?

Our findings

People and their carers told us the service they or their family members received was very good and that the staff were caring. One relative told us, "The staff that come to care for my wife are just amazing all the time they are never grumpy always happy." Another said, "They have listened to my husband so much they probably know what he needs and likes better than I do." One person told us, "If I could mark the care out of 10, I would give it 20 it is that good!"

We found compliments had also been made regarding the caring nature of the service. One carer had written, "[carers support worker's] care and compassion and attention to the whole situation was outstanding. My [relative] loved her."

Carers had high praise for the kindness and quality of care and the fact that as the carer support worker got to know the person they were able to spot more easily any distress or concerns. All people and their carers we spoke with told us the staff respected their right to privacy and dignity. One carer told us, "Carers take the lead from my partner not the other way." Another told us, "The stimulation and motivation that a few hours gives is amazing as is the carer's dedication to making that time happy and precious."

People were visited by one of the care coordinators who spent time getting to know the person and their carer, this provided information and details which were used in planning the support the person required. The service matched carers to people to ensure they are supported by an appropriately trained carer who can meet their specific needs.

Staff we spoke with had a good understanding of people's differing needs and preferences and how to promote dignity, privacy and respect. For example, using preferred names, closing curtains. Staff members told us they also find out about people's preferences through talking to them and their carers as well as reading the care plans. We found records were made in daily care records so that the information was available for all staff members and demonstrated a dialogue of communication between staff.

Staff spoke about their role as carer support workers in a compassionate way. One carer support worker told us, "I love my job and enjoy taking people out it helps the carers to have some time." Another said, "I am happy to support people, they ask if I am coming back so I must be doing something right."

Induction training was delivered to staff which covered equality, diversity, privacy, dignity, respect and confidentiality. The service also had policies and procedures in place for staff to access for support and guidance.

People were issued with an information pack when they first commenced using the service. The pack contained general information about the service along with contact details of the office.

The service had information relating to advocacy. The manager and care coordinators had positive working relationships with the local authority and were able to obtain support for people and carers if necessary.

Good

Is the service responsive?

Our findings

We asked people and carers if they felt involved in the planning their or their family member's needs. One relative told us, "We review my husband's care plan together and he will disagree if needed." Another said, "It's a living document and we update it weekly and the carer takes notes."

We asked how the service responds to new packages of support. One of the care coordinators showed us how a person's file is made up and how referrals are managed. We were taken through a current file so we could see the process. We saw the service received a referral document along with an assessment from the commissioners detailing background information along with assessed needs and plans of support. A detailed initial assessment had then been completed by the care coordinator and plans were discussed with people and their carers. Care plans had been developed to meet the assessed needs of the person. The care coordinator told us, "We only say yes if we have the staff to cover the call and that they have had the correct training."

We found care plans were personalised and contained a good level of detail. Records included people's needs and preferences. For example, doesn't like a shower, please wake me up by 10am. Daily records were kept in the person's home to allow information to be available for any social worker visit or GP visits. We reviewed some daily records and found they contained a good level of detail of staff interventions. For example, how the person had presented, details of support offered and given, any communication necessary regarding the person's health and well-being. The daily records were a good source of information for carer support workers who attended to the person at the next call.

We saw carer support workers maintained people's links with the community and spent time accessing local amenities with people as part of their support. For example, local cafes and leisure facilities.

We looked at the provider's information on how to make a complaint. The provider had a process to log complaints and compliments it received. The provider also had an easy reader complaints leaflet to support people with communication needs. The complaints system set out a three stage process containing timescales for investigation and response. No complaints had been made to the service over the last 12 months. We saw several cards complimenting the service for the care and support they had provided to people and their carers. One relative had written, "You are an excellent group and I appreciate all you have done." Another had written, "Thank you for looking after my mother and putting my mind at rest while I had a little break.

Although no complaints had been made to the service. The manager told us, "Any concerns or if we did get a complaint these would be looked at and used as part of our monitoring processes."

Good

Is the service well-led?

Our findings

People and their carers told us how they felt about the management of the service. One person told us, "Excellent company with a good open and honest approach to everything and the staff bring that with them." Another told us, "The staff are happy and in my experience that comes from a happy team and managers."

Staff told us they felt supported in their roles by the manager. They told us the manager was open and approachable. One carer support worker told us, "[Manager] is really good and friendly. "Another said, "They have an open door policy if you're a bit worried about something you can just go and see them." Staff felt the care coordinators were also supportive and were easily accessible whenever advice or guidance was needed.

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. For example, health and safety, lone working. Staff were encouraged to read these as part of their induction. Several policies were being reviewed and updated when necessary.

Staff meetings were held, which gave staff opportunity to discuss workloads as well as gaining important information about the service. Minutes showed various subjects were covered during meetings. For example, HR issues, organisational updates. We found meetings were also used for training, where relevant DVD's were shown as part of staff development.

The manager told us they had a quality assurance process in place. We found the service meets the ISO 9001 standard which specifies the necessary requirements for a quality management system. This meant that the documents used by the service were robust and appropriate for monitoring quality. Records pertaining to spot checks and quality audits were available at the time of the inspection. Care coordinators carried out spot visits to check the quality of the service. One care coordinator told us, "These are planned ahead of time so staff are not aware we are visiting. We follow up the visit at supervision."

We viewed the annual review of the service and found people's outcomes had been measured. For example, 98% of people felt they benefited from the opportunity the care service gave them to have a break, 92% felt better following a regular break from caring and 98% of carers said they would recommend the service to others. Comments from the review included, "I know [person] is in good hands if I am not here", "Our carer support worker is fantastic" and "It's a chance to unwind and relax."

Carers Trust Tyne and Wear had signed up to the 'Carer Friendly Employer Charter' with Gateshead Carers Association. This meant the service supports carers within their workplace. They have also been awarded the 'bronze standard' for North East Better Health at Work award in January 2017. The manager told us, "We are currently working toward the silver standard." This meant the provider is committed to supporting a healthy workforce.

The reception area contained several notices and leaflets for guidance and support for people using the

service and staff. For example, a news board containing information for staff and a separate one for carers. The annual review was on display, along with details of the Board of Trustees. The certificate of registration with the CQC was prominent as was the recent inspection rating.

We found records were kept in line with Data Protection and stored in a secure manner. Electronic records were only accessible by authorised staff with personal passwords.

We found evidence of partnership working between local commissioners and health care professionals. Communication between agencies was recorded with details held electronically. During the inspection we observed care coordinators speaking with commissioners discussing people's support.