

Gateshead Crossroads Caring for Carers

Carers Trust Tyne and Wear

Inspection summary

CQC carried out an inspection of this care service on 17 July 2017 and 20 July 2017. This is a summary of what we found.

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 ●

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.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning **03000 616161**