

Crossroads Care at Home/ASK Domiciliary Care Service

Inspection report

Masham Court

Victoria Avenue

Douglas

Isle of Man

IM2 4AW

01624 628 926

www.crossroadsiom.org

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Our findings

Overall summary

We carried out this announced inspection on 14 and 15 June 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Service and service type

Crossroads Care at Home/ASK Domiciliary Care Service is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection there were 76 people using the service.

Not all people received personal care. This is help with tasks related to personal hygiene and eating.

In addition to providing personal care visits, the service also supported family members, who were also carers, through the provision of a companionship service. The companionship service enabled these carers to take breaks from their caring responsibilities whilst the person needing care could remain safely supported at home with a package of paid support.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Governance systems were effective in driving improvements to the quality of the service, however systems to monitor daily care and medicines records needed to be formalised.

Staff knew people and their needs well. People were happy with the support they received from Crossroads Care at Home/ASK Domiciliary Care Service. We found some care plans could be further developed to ensure the needs of people who lived with dementia were fully considered when providing care and support.

Risks were assessed and guidelines were in place to manage these risks. People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

Although staff sought consent on a day to day basis and people told us they had choice and control of their lives, the service did not always demonstrate how it was working within best practice guidance for assessing mental capacity. The policies, documentation and systems in the service did not always support this.

People were protected from the risk of abuse. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence.

There were enough staff employed to meet people's needs. Staff were recruited safely. Staff had received the necessary induction and training they needed for their roles and felt well supported by the management team.

We found areas where the service could make improvements. CQC recommends that the service:

- Take action to formalise the regular checks made on daily records and medicines records so that areas of improvement are clearly identified.
- Take action to review existing processes and implement documentation to demonstrate how the service gives full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.

- Take action to consider the implementation of current best practice documentation when supporting people living with dementia to identify personal histories.

The inspection

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Crossroads Care at Home/ASK Domiciliary Care Service had a manager in post who was registered with the Inspection and Registration Unit of the IoMDHSC.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two family members who had agreed for us to visit them in their own homes about their experience of the care provided.

We spoke with six members of staff including the chief executive officer, operations manager, care coordinators and care staff.

We reviewed a range of records. This included five people's care records and two medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a further one person who used the service, one family member and two members of staff by telephone to seek further views about the service and their experience of the care provided.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Is the service safe?

We found that this service was safe in accordance with CQC's inspection framework.

Using medicines safely

At the time of our inspection there were limited records to review as most people had family members who helped them to take their medicines, or they managed this aspect of their care themselves.

Although records were limited, we found systems were in place to ensure the safe administration of medicines should people's needs change or new people joined the service. There was a medicines policy in place and staff undertook appropriate training.

Although staff received training, observations of practice were not routinely made on staff to assess competency when administering medicines. The operations manager showed us a new template which was already in the process of being implemented to address this.

A small number of people needed staff to verbally prompt them during care visits to check they had remembered to take their medicines. People confirmed they received these prompts. For example, one person told us, “[Staff Name] reminds me but I take my medicine myself.” However, it was not always clear through care records this prompt had taken place. We discussed the importance of recording verbal prompting with the management team who provided evidence they had already identified this, had discussed with staff through team meetings and were monitoring records to ensure improvements were made.

Assessing risk, safety monitoring and management

People’s needs were appropriately assessed; care plans had been developed to minimise any risk to people’s health and wellbeing. The care plan for one person needed to be updated to reflect recent changes in care needs. We discussed this with the care coordinator who took immediate action to address.

Care plans and risk assessments were reviewed on a regular basis.

There was an on-call system in place in the event of an emergency when the office was closed. This was available for staff, people who used the service and family members to access.

Staffing and recruitment

The operations manager spoke about recent difficulties they had experienced in recruiting staff and steps the provider had taken to attract new staff to the service through improving terms and conditions. This improvement was supported by a family member’s comment, “[Name] gets consistent carers now. [The service] have tried really hard through the (COVID-19) pandemic.”

Staff were safely recruited. Appropriate checks had been made before being offered employment.

At the time of our inspection there were enough staff rostered to meet people’s needs. Care calls were well planned; people confirmed staff were reliable and stayed for the correct length of time. One person told us, “[Staff Name] is a very good timekeeper. Very reliable.”

Staff also told us they felt they had enough time to meet people’s needs during care visits. One staff member said, “Staffing levels are fine. Never had a problem. I never feel rushed and will always take my time if needed.”

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems were in place to protect people from the risk of abuse. Staff received training. A number of staff were waiting on refresher training, however demonstrated they understood the actions they must take if they felt someone was being harmed or abused.

There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager and the provider also had oversight. This enabled an analysis of trends to be undertaken to identify any lessons learnt and to reduce the risk of incidents reoccurring.

Preventing and controlling infection

Systems were in place to manage risk and to prevent and control the risk of infection. Staff had access to appropriate personal protective equipment (PPE) and completed regular testing for COVID-19.

Is the service effective?

We found that this service was effective in accordance with CQC's inspection framework.

Ensuring consent to care and treatment in line with law and guidance

As far as possible, people should be enabled to 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 Manx legislation. Best practice is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

Family members had been consulted and signed care plans on behalf of people who were either unable to consent to the care they received or unable to sign due to a physical disability. However, there was a lack of documentation in place to evidence if the decisions had been discussed with the person first. This meant it was not always clear whether the person had been able to consent verbally, or the decision had been made in their 'best interest'.

Staff understood the importance of seeking consent before providing people with aspects of care. One staff member told us, "I speak to people first. I work at people's pace, so they are always happy with what I am doing." People confirmed staff sought their consent before providing care.

We discussed our findings with the management team who told us they would review care plans to ensure best practice principles on mental capacity could be demonstrated.

Staff support: induction, training, skills and experience

Staff received the training they needed to support people effectively. Staff spoke positively about the training they received. Staff also confirmed they had received an induction to the service and had the opportunity to shadow experienced staff before supporting people on their own.

Comments included, "I had a good induction," and "When I started, I got a good induction to the company," and "The training is fantastic."

People receiving a service also told us staff were competent in their role. One person said, "The staff are always well trained. I feel confident. No concerns."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

Crossroads Care at Home/ASK Domiciliary Care Service received referrals to the service from private individuals as well as from professionals involved in a person's care.

Initial assessments were undertaken and were used to develop appropriate care plans and agree packages of care. Care plans also reflected advice and guidance provided by other health and social care professionals

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

Staff were aware of people's nutritional needs and had clear information with regards to this.

Staff worked with other agencies to ensure people received consistent, effective and timely care. Care records demonstrated referrals were made to medical professionals and other services when appropriate.

People also confirmed they were supported to access medical services. Comments included, "[Staff Name] often calls the doctor on my behalf, concerning medicines and other things," and "If I was unwell, they would help me in any way I need."

Is the service caring?

We found that this service was caring in accordance with CQC's inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

We observed warm and friendly interactions between people and the care staff. Staff were attentive and spoke to people in a respectful manner.

People spoke positively about the care they received. Comments included, "[The service is] very good," "[Staff Name] is more like a friend. Known them a long time. Very obliging and we have a laugh and joke together" and "I am happy with the care and [staff] are always very helpful with me."

Religious and cultural needs were identified when developing care plans.

Staff encouraged people to do as much as they could for themselves. People using the service confirmed this.

Personal information was kept secure and confidential at all times.

Supporting people to express their views and be involved in making decisions about their care

People confirmed they were aware of their care plans and had been involved in making decisions about their care. Comments included, "I have a care plan. It was planned before the care started. I had someone review it" and, "There has been someone round to look at my care plan to see if I am happy with everything."

Records demonstrated family members were also consulted and involved where appropriate.

Is the service responsive?

We found that this service was responsive in accordance with CQC's inspection framework.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

The communication needs of people were assessed and reflected in their care plans. This included when people experienced a sensory impairment. Care plans described ways of supporting effective communication.

Staff were familiar with people's needs and preferences. Important information was recorded. One staff member told us, "I read the care plans. They are informative."

People confirmed they were supported in a way which met their needs and preferences. People told us, "I find [the service] excellent. Someone always comes to help me. They will stay as long as I need them to" and, "I can only have certain bread and [Staff Name] will look out for it for me."

Information about the service was available in different formats and languages upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

A number of people accessed a companionship service provided by Crossroads Care at Home/ASK Domiciliary Care Service. People told us this was an invaluable service which helped to reduce the risk of social isolation for both people who needed care and their family members. One person described the service as, "It's care for the carers. It has been a huge help."

We did find some care plans could be further developed to support this aspect of the service. We discussed with the management team how documenting detailed information about a person's personal history, would assist staff when providing one to one support to people who lived with dementia as staff would be able to better understand more about a person's background to help reduce potential periods of confusion or distress. The operations manager told us they would look at best practice documentation in this area of support.

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint was available to people. Detailed records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to. One person commented, "I would ring [the service] with any concerns. I am sure they would sort out. I have never had to complain."

End of life care and support

Care plans demonstrated personal wishes had been established, where people chose to share, in relation to this aspect of a person's care.

Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

There were systems in place to monitor and review the quality of care and experiences of people receiving care from Crossroads Care at Home/ASK Domiciliary Care Service. The provider had its own quality assurance system. Senior managers undertook sampling exercises of care plans to ensure they were of good quality and met the needs of people using the service.

We identified a small number of improvements in relation to the quality of daily care and medicines records. The issues we raised had already been identified by the provider and actions were

underway to drive improvements, however the method of identifying the issues was not currently documented through the quality assurance system. We discussed the importance of recording these checks. The management team told us they would further review current systems so clearer audit trail could be evidenced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

The operational manager spoke with pride about the staff team delivering support to people. They said, "The staff are great. They follow people through their life journeys. Staff see people as people and genuinely care."

The provider also shared information about the service and welcomed feedback through surveys and social media platforms.

Family members told us they were happy with the service and people received person-centred care. Family members also told us they could raise any issues of concern at any time. One person did comment they felt communication could be improved at the office. For example, if a carer was running late. We shared this feedback with the operations manager.

Staff told us they enjoyed working at the service and felt well supported by the management team. Comments included, "We are a good team and communicate well with each other," "I can express how I feel, I do think [the managers] listen to me" and "I love it. Absolutely love it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The management team demonstrated an understanding of their responsibilities under duty of candour.

Working in partnership with others

Information contained within care plans demonstrated the staff worked in partnership with other agencies.