



Making Social Care
Better for People

inspection report

DOMICILIARY CARE AGENCY

Crossroads in Wirral, Caring for Carers Ltd

**Unit 10
Grisedale Road
Old Hall Estate
Bromborough
Wirral
CH62 3QA**

Lead Inspector
Lynn Sharples

Announced Inspection
16th January 2006 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Crossroads in Wirral, Caring for Carers Ltd
Address	Unit 10 Grisedale Road Old Hall Estate Bromborough Wirral CH62 3QA
Telephone number	0151 482 3148
Fax number	0151 482 3149
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Crossroads in Wirral, Caring for Carers Ltd
Name of registered manager (if applicable)	Sheila Elaine Logan
Type of registration	Domiciliary Care Agencies
No. of places registered (if applicable)	0
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 6th January 2005

Brief Description of the Service:

Crossroads Caring for Carers Ltd is a registered domiciliary care agency situated in the Bromborough area of the Wirral. The agency provides services for people living within their own home in the local community e.g. assistance with personal care, housework, shopping, and meal preparation, sleeping services and supporting carers.

The agency employs approximately 27 carers.

SUMMARY

This is an overview of what the inspector found during the inspection.

This announced visit took place over two days. This inspection consisted of examination of paperwork, interviews with staff, management. Visits were made to service users in their own homes who were representative of the diverse community this agency serves. Telephone calls were also made to several service users and/ or their carers chosen at random - who receive support from Crossroads to discuss with them the service they receive. Questionnaires were sent to a number of staff, service users and/ or their carers, there was a good response to the surveys that were very useful in informing the inspection. The inspector visited the agencies offices and examined documents including care plans, assessments, Personal Action Plans training records, staff records and recruitment files.

What the service does well:

The agency has robust policies and procedures in place. The agency is flexible to meet the needs of carers and service users. Carers and service users appear very satisfied with the support offered to them.

What has improved since the last inspection?

The record of induction has been introduced and clearly identifies the content of the induction programme. The agency has registered with the Nursing Midwifery Council (NMC) to check qualified members of staff PIN numbers every six months. The agency is consulting with other agencies to produce the Service User Guide in a format that is understood by children.

What they could do better:

The agency should include the following to improve their service:-
1] Revise the Statement of Purpose to include all the items in Schedule 1.

- 2] Provide accredited BILD training in physical intervention when working with service users who have a learning disability who challenge services.
- 3] Provide specialist training in areas listed in appendix E, to the appropriate staff.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,4,5,6.

The Statement of Purpose currently available to service users, prospective service users and their relatives is not complete and does not provide sufficient information for them to make an informed choice about how the service will meet their assessed needs.

The service users case files contain a comprehensive care needs assessment of their individual needs and the care plan developed and service being delivered meet all their needs.

EVIDENCE:

The Statement of Purpose and Service User Guide are well presented documents, detailing the aims and objectives of the agency and the nature of

the service provided. The Statement of Purpose does not include all the contents listed in Schedule 1 of the regulations. The manager informed the inspector that in regard to Service User Guide, Crossroads is working with other agencies to produce a format that is understood by children. The Guide is already available in Braille, large print and other languages of the client's choice.

A summary of needs assessment is undertaken on all service users, to see if the agency can meet the demands of the package requested before any package of service is commenced. Any assessment can and will include family involvement if the service user wishes.

Once the care needs assessment is completed the agency matches the staff skills and experience against the service users needs. An introductory visit is undertaken by the staff team to any new client. Any service user who had particular requirements or preferences including social, cultural or religious needs would be identified prior to any service being offered and this would be incorporated into a plan. The staff team work with service users who use British Sign Language and Makaton and the staff team are able and trained to use these preferred methods of communication.

Service level agreements are sent to service users setting out the terms and conditions of service within seven days of commencement of the service. Service users receive a signed agreement of which a copy is also held at the agency.

On induction staff are informed about confidentiality of service user information and are required to sign up to the agency's confidentiality procedure. All information in the agency is stored and held within locked filing cabinets.

The questionnaires received from those who use the agency and those service users spoken to confirm that the staff team are reliable, flexible and dependable. Continuity of care provision is paramount to the organisation and the manager introduces 2 care workers to new service users to allow the service user to be able to establish a rapport and to get to know them.

Personal Care

The intended outcomes for Standard 7 – 10 are:

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,10

Care plans are sufficiently detailed and provide staff with the information they need to meet service users' needs effectively.
There are robust medication procedures in place that protect service users.

EVIDENCE:

A service user plan is developed and drawn up following risk assessments and meeting with the service user, family and social worker if applicable. The plan's set out the action that will need to be taken by care staff to meet the needs of the service user. A review is undertaken of the plan after the first six weeks of service to identify any changing needs. The plan is then reviewed annually and signed by the service user or their representative.

The staff team are trained upon induction about providing personal care and are in the process of obtaining National Vocational Qualification in care. Service users who received personal care from the agency were very complimentary of staff that provided that service. The manager and senior

staff undertakes spot checks when staff are working at service users homes to ensure staff are undertaking personal care as required. The agency produces a newsletter that is sent out that informs service users, relatives about the agency's service.

The staff team are involved in assisting service users to take their medication if it has been agreed, risk assessed and recorded in the care plan. The agency has a comprehensive policy in place that clearly identifies the parameters for assisting with medication. The staff team are introduced to the agency's drug administration procedure at their induction.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

11,12,13,14,16

The agency has clearly written adult protection, health and safety policies and procedures in place to promote the protection of service users and support staff.

EVIDENCE:

The agency has a Health and Safety Policy and various procedures in place that all staff are made aware of at induction and throughout their employment with the agency. Two members of staff have responsibility and are trained to assist the agency in complying with their health and safety duties and responsibilities.

All risks are assessed on first contact with the service user, monitored and updated annually or as required.

A trained senior member of staff undertakes manual handling assessments. A plan of how these risks will be managed is then drawn up and a copy kept in the agency and in the service users home. There is an on call service operating at the agency.

The agency has clear policies and procedures on staff involved in handling service users money, payment of bills, shopping and collecting of pensions etc. It is also set out in the service level agreement.

The agency has written policies and procedures in place for the protection of vulnerable adults. All staff have an enhanced criminal records disclosure undertaken before commencing work. The inspector found that the staff were not trained sufficiently to work with adults with a learning disability who challenge services. An accredited British Institute of Learning Disability (BILD) trainer in physical intervention should train staff members who work with service users who have a learning disability and use physical intervention and this should be regularly up dated.

Information about any aspect of the service provided by the agency is recorded in a service user care plan. This plan is kept in the service user's home with information being transferred to the agency once the care provision has ended.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

17,18,19,21

The agencies recruitment and selection processes are robust and provide appropriate protection for service users.

Staff are offered mandatory and some specialist training to meet the needs of service users, however, the delay in accessing training will have an affect on the skills and competence of staff which could have an impact on service users health, safety and welfare.

EVIDENCE:

New members of staff are provided with a written contract. Staff are selected and recruited in line with the company's procedures. An application form is completed, references are obtained and face-to-face interviews are undertaken at the agency. Since the last inspection the agency has registered with the Nursing Midwifery Council (NMC) confirmation service and checks PIN numbers of qualified staff every six months.

The agency provides a comprehensive staff handbook that is given to all staff. The handbook sets out information about the agency including policies and procedures. All staff members are issued with a job description and person specification.

All staff members receive induction, the inspector looked a new member of staff induction and this met the Training Organisation for Personal Services induction standards. A training needs analysis is undertaken and a record of all training undertaken and planned is available within the agency. The agency should provide specialist training for all staff members providing care or support to specific user groups and /or medical conditions as listed in appendix E. The inspector found that care workers provide specialist exercise with a service user, it was not recorded who had provided this training and when the qualified professional review this with the care worker; the manager said that the agency will address this.

Evidence was available to demonstrate that staff receive supervision every 3 months and have their standard of practice appraised annually. The supervision log needs amending to include the correct dates, there were typing errors. It was noted that some records were not correct due to typing errors the agency would benefit from better administration procedures. The manager monitors staff in their interactions with service users. Staff meetings are held monthly for all staff to attend, the manager does hold these at different times and days, but not all staff have attended regularly.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

22,23,24,25,26,27

Service users receive a consistent service. The management of the service, quality assurance, policies and procedures, information, recording and communication systems are good and ensure that service users, health safety and welfare needs and best interests are met.

EVIDENCE:

Crossroads Caring for Carers Ltd operates from a permanent base in Bromborough which is central to the service users it serves and is equipped and resourced with all the necessary furnishings one would expect of an office, e.g. phone lines, fax, photocopier, computers.

A qualified accountant prepares annual accounts and the manager ensures financial procedures are in place for the agency's continued financial viability. Some of the paperwork examined had the wrong date, these were typing errors.

The agency has policies and procedures, which are constantly being reviewed and changed in line with good practice, research and legislation.

The complaints procedure is made available and accessible to service users, relatives and representatives. The manager has records of any investigation undertaken, the findings and audits all complaints.

The agency has a quality assurance system called CROQUET (Crossroads Quality Evaluation Tool) in place, this is being updated. The outcome from the Q.A. process is published and made available.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion
 “N/A” in the standard met box denotes standard not applicable

User Focused Services	
Standard Number	Score
1	2
2	3
3	3
4	3
5	3
6	3

Managers and Staff	
Standard Number	Score
17	3
18	3
19	2
20	X
21	2

Personal Care	
Standard Number	Score
7	3
8	3
9	X
10	3

Organisation and running of the business	
Standard Number	Score
22	3
23	3
24	2
25	3
26	3
27	3

Protection	
Standard Number	Score
11	3
12	3
13	3
14	2
15	X
16	3

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	DO1	4	The registered person must ensure that The Statement of Purpose includes all the contents in Schedule 1 of regulation 4(1).	13/03/06
2	DO14	14	The registered person must ensure that staff are trained in physical intervention when working with service users who have a learning disability and challenge services.	24/07/06
3	DO19	15	The registered person must ensure that staff receive specialist training such as working with people from ethnic minority communities and/or religious groups, people with a terminal illness, these are listed in appendix E of the Domiciliary Care National Minimum Standards.	24/07/06

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	DO21	It is recommended that all records relating to staff supervision are accurate and up to date.
2	DO24	It is recommended that all records are typed correctly and reflect correct dates.
3	DO21	It is recommended that all staff attend staff meetings that are held quarterly.

Commission for Social Care Inspection

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