

## Crossroads in East Lancashire Limited

# Crossroads in East Lancashire

### Inspection report

Burnley Business Centre  
Liverpool Road  
Burnley

BB12 6HH

Tel: 01282 832548

Website: [www.crossroads.org.uk/eastlancashire](http://www.crossroads.org.uk/eastlancashire)

Date of inspection visit: 30, 31 July and 3 August  
2015

Date of publication: 17/09/2015

## Ratings

### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

We carried out an inspection of Crossroads in East Lancashire on 30, 31 July and 3 August 2015. We gave the service 48 hours of our intention to carry out the inspection.

Crossroads in East Lancashire is registered to provide personal care to children and adults living in their own homes. It specialises in providing support to carers who care for a relative / friend and gives carers the opportunity to have some time for themselves and facilitates a break from their caring responsibilities. It

provides a flexible 24 hour service around the needs of people supported and their main carers. At the time of the inspection 14 children and 155 adults were using the service.

The service was managed by 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.

# Summary of findings

We last inspected this service on 9 May 2013 and found it was meeting the regulations in force at the time.

During this inspection we found two breaches of the regulations related to recruitment of staff and the notification of incidents. You can see what action we told the provider to take at the back of the full version of the report.

People using the service and their carers told us they were well cared for and felt safe with the staff who provided their support. Staff knew about safeguarding procedures and we saw that concerns had been reported appropriately to the local authority, which helped to keep people safe. We received notifications from the registered manager of previous safeguarding concerns following the inspection. Risks to people's well-being were assessed and managed.

We found the arrangements for managing people's medicines were safe. Records and appropriate policies and procedures were in place for the administration of medicines.

All staff spoken with had an awareness of the Mental Capacity Act 2005 and had completed appropriate training.

Arrangements were in place to maintain appropriate staffing levels to make sure people received their contracted support. This included a computerised staff rota, which could be accessed remotely. There were

systems in place to ensure all staff received regular training and supervision. New staff completed a comprehensive induction and undertook a probationary period of 26 weeks.

Staff knew the people they were supporting and provided them with a personalised service. People and their carers were actively involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes.

People told us they received care from a consistent group of staff. All people and carers spoken with made very complimentary comments about the staff and the service they provided. The agency had processes in place to match staff with people to ensure there was a compatible relationship.

The service was flexible and responded positively to people's requests. Children and adults were supported by staff to access community facilities and pursue a wide variety of leisure activities. The staff had used creative ways to meet people's aspirations. People said they greatly enjoyed their activities and told us being able to go out regularly made a positive difference to their lives. The agency also facilitated three weekly singing groups for people and their carers.

All people, their carers and staff spoken with had confidence in the registered manager and felt the agency had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people using the service.

# Summary of findings

## 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 was not consistently safe.

Whilst people told us they felt safe, we noted the provider had not always operated a robust recruitment procedure and had not notified the commission of specific incidents in line with the current regulations.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures. The registered manager had reported all safeguarding concerns to the local authority.

There were sufficient numbers of staff to meet people's needs.

There were systems in place to manage medication safely.

Requires Improvement



### Is the service effective?

The service was effective.

Staff were well supported through a system of regular training, supervision and appraisal. All staff had received training and had an awareness of the Mental Capacity Act 2005.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported when required, to eat and drink.

Good



### Is the service caring?

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



### Is the service responsive?

The service was responsive.

All people had been actively involved in the development and reviews of their care plan. Staff were knowledgeable about people's support needs, interests and preferences in order to provide a personalised service.

The registered manager used creative ways to support children and adults to access local facilities and pursue a variety of activities of their choice.

Good



# Summary of findings

A complaints process was in place and people and their carers told us they felt able to raise any issues or concerns at any time.

**Is the service well-led?**

The service was well led.

The agency had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

**Good**



# Crossroads in East Lancashire

## 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 checked 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.

This inspection took place on 30 and 31 July 2015 and 3 August 2015. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We also contacted and received feedback from local authority commissioners, Blackburn

with Darwen Carers Service and the Midlands and Lancashire NHS Commissioning Support Unit. None of these organisations expressed any concerns about the operation of the agency. The provider sent us 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.

During the inspection we spoke with eight people using the service and four carers over the telephone. We also spoke to three members of staff and team leader as well as the registered manager.

We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation, three staff recruitment files, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

All people spoken with were confident that their support was provided safely and effectively. One person said, “I am extremely pleased with the service. They have been brilliant” and another person commented, “They are very good, it’s one of the best things in my life.” Carers spoken with also expressed satisfaction with the service. One carer told us, “I would recommend them to anyone. They care and support the carer as much as the person. They really are good in every way.”

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the registered manager and staff.

Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding children and people from harm. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need.

We noted from the staff training records, that all staff had completed safeguarding training within the last 12 months. This included the use of case studies and discussions on recognising the indicators of abuse and how to act on any concerns. We also noted staff had access to internal policies and procedures which included the contact details for the local authority. This helped staff to make an appropriate response in the event of an alert.

We looked at the incident record and noted incidents had been reported to the local authority in line with vulnerable adults and children’s safeguarding procedures. However, the registered manager had not notified the commission in accordance with the current regulations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We received the notifications immediately following the inspection and we were assured by the registered manager that procedures within the agency had been revised and updated to ensure we are notified of any future incidents. We also contacted the local authority who told us they had no concerns about the operation of the agency.

We examined three new staff members’ files to assess how the provider managed staff recruitment. The recruitment process included the completion of an application form and attendance at a face to face interview. We found appropriate documentation and checks were in place for one member of staff. The checks included two written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we noted one member of staff had not provided a full history of employment and evidence of conduct from previous their employment with vulnerable adults had not been obtained for another member of staff. We were also aware of a shortfall in recruitment processes for another member of staff which occurred before the inspection. This meant appropriate checks had not always been carried out before staff started to work for the service.

The provider had not always operated a robust recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included issues relating to mobility, medication and the person’s home environment. According to information in the provider information return (PIR) the assessments took into account the advantages and disadvantages taking risks had on health and well-being and the feeling of living a fulfilled life. The registered manager explained service level risks had also been assessed for instance lone working, infection control and hazardous substances. We saw documentary evidence to demonstrate all risk assessments were updated on a regular basis.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people’s needs and keep them safe. People and their carers told us the staffing levels were suitable and they usually received care and support

## Is the service safe?

from a consistent group of staff. People also confirmed the staff usually arrived on time and stayed for the agreed amount of time. People were sent a weekly schedule which set out the times of their visits and which member of staff was due to provide their support. People and their carers told us the service was flexible and any requests to alter visits were accommodated wherever possible. One person said, “They are so amenable, they do their utmost to help in any way they can. All my requests have been granted immediately.”

The agency had a computerised rota which was completed a week in advance. The rota could be accessed remotely so the management team could monitor the information out of hours. Staff told us they received rota updates on their mobile telephone. The telephone was issued to all staff working for the agency. This meant there were systems in place to ensure staff were in the right place at the right time. Members of staff spoken with confirmed they were given sufficient travelling time between visits and were

allocated enough time to carry out tasks. They told us that sickness and annual leave was covered by staff working additional hours and this worked well. According to the PIR two senior members of staff were able to pick up any visits at short notice when other members of staff could not attend. This arrangement minimised the risk of missed visits. None of the people spoken with had experienced a missed visit.

We looked at how the service managed people’s medicines. People receiving assistance with medication told us they received their medicines when they needed them. Staff told us they had completed a safe handling of medicines course and records seen confirmed this. Staff also had access to a set of policies and procedures which were available for reference. We noted from looking at people’s personal files detailed records were maintained of the administration of medication. Guidance for staff on how to support people with medication was included in the care plan as necessary.

# Is the service effective?

## Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “They are all very friendly and professional. They make you feel special and never give the impression they are in a rush” and another person commented, “I feel they are very competent in all that they do.”

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people’s needs effectively. All staff had completed induction training when they commenced work with the agency. This included an initial induction on the organisation’s policies and procedure, the Care Certificate and the provider’s mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw completed Care Certificate workbooks during the inspection in the staff files we looked at. Whilst the Care Certificate is designed for members of staff new to a social care setting, the registered manager explained the existing staff have expressed an interest in completing the certificate to refresh their knowledge.

Staff spoken with told us about the induction programme they underwent and said that they considered this was valuable. It helped them to understand people’s needs and gave them the opportunity to shadow more experienced staff so they could learn from them and understand the expectations of their new role. All new staff completed a probationary period of 26 weeks, during which their work performance was reviewed at regular intervals. The management team match staff with people using the service according to their requirements, skills and compatibility.

There was a rolling programme of training available for all staff, which included safeguarding children and vulnerable adults, infection control, dementia care, fire safety, compassion and dignity, person-centred care and the Mental Capacity Act 2005. Staff also completed specialist training on stoma and catheter care, peg feeding and using a nebuliser. We looked at the staff training records and noted staff completed their training in a timely manner. The

variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, both formal and informal, which included observations of their practice, as well as annual appraisals. They told us that they had the support of the registered manager and the management team and could discuss anything that concerned them. We saw that the registered manager and management team assessed and monitored staff skills and abilities, and took action to address issues when required. We noted from looking at staff files that all staff had a training and development plan, which included discussion on personal objectives and future training needs.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The service had policies and procedures to underpin an appropriate response to the MCA 2005. Records showed that staff had received training on this topic. Staff indicated an awareness of MCA 2005 and Court of Protection matters, including their role to uphold people’s rights and monitor their capacity to make their own decisions. The Deprivation of Liberty Safeguards, which form part of the MCA 2005 were not applicable at this service.

We noted there were signed consent forms on people’s files which covered all aspects of their care and support. People spoken with confirmed staff always asked how they would like their care to be delivered and if they wanted anything done differently. One person told us, “They know me very well. They always ask me where I want to go and what I want to do. I enjoy their company so much and look forward to the day they visit.”

We looked at the way the service provided people with support with their healthcare needs. People’s care plans included important contact details, so staff were able to contact people’s carers and health and social care professionals if there were concerns regarding their health or well-being. We saw from looking at people’s care records that staff and the management team provided support for them to attend medical appointments and made referrals as necessary for instance to occupational therapists. We

## Is the service effective?

also noted staff were provided with guidance in people's care plans, as appropriate, on how to monitor and respond to specific healthcare symptoms for instance diabetes in people's care plans.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records staff had received food hygiene training. People receiving this support told us staff asked them what they preferred to eat

and prepared and cooked their food to a good standard. We noted there was a section in people's care plans to inform staff of any allergies, risks or concerns in respect of eating and drinking.

The registered manager had developed links with other organisations, for instance staff had attended dementia friends workshops with the Alzheimer's Society and the Carers' Trust had provided training for staff.

# Is the service caring?

## Our findings

All people and their carers were very happy with the care and support provided. One person told us, "I haven't come across a carer (staff member) who is not good. They have all been very kind and caring, some outstandingly so" and another person commented, "They are exceptional and always courteous and respectful." During our time spent in the agency office we observed staff answered people's telephone queries in a sensitive and understanding manner.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. They were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. Staff explained how people were actively involved in the care planning and review process, to ensure the care provided met their individual needs. We noted each person's file contained a one page profile, this set out what was important to the person and how they could best be supported. The process of developing the one page profiles helped people to express their views and be involved in decisions about their care. According to information in the provider's information return (PIR) staff were encouraged to take time to listen to people to understand things from their point of view. This approach was confirmed in our conversations with people using the service, who told us staff had time to ask them about their preferences and were flexible in their approach.

Wherever possible, arrangements were made to introduce staff to people using the service before they started to care for them. If this was not possible staff had the opportunity to read through people's care plans and risk assessment

documentation before they visited their home. The registered manager had recently introduced a keyworker system, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. The keyworker also acted as a point of reference for other staff members.

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us, "They always treat me and my home with the utmost respect." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support and we noted the management carried out unannounced observations to ensure they were adhering to best practice.

People were supported to maintain and build their independence skills both within their own home and the community. Staff were able to provide us with examples of how they helped people prepare and cook food and access leisure activities. We noted people's right to independence was a recurrent theme throughout all the care documentation we looked at during the inspection.

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews and the annual satisfaction questionnaire. People were given an information file, which contained a service user guide and statement of purpose as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. The registered manager explained carers were referred to Carers Lancashire if they needed the help of an advocate. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

# Is the service responsive?

## Our findings

People and their carers told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "I'm 100% satisfied with the agency. They are always there to help and they always do the best they can" and a carer said "It suits us so well; they offer a flexible service and are very accommodating of any requests. We couldn't be more pleased."

According to information in the PIR (Provider Information Return), the agency responded to referrals within one day and contacted the person and their carer to make arrangements to carry out the relevant assessments and discuss care requirements. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care and support plan was developed with the full involvement of people using the service. We looked at five people's care plans and other associated documentation during the inspection. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. All people spoken with were aware of their care plan and confirmed they had discussed and agreed their plan with a member of the management team. There was documentary evidence to demonstrate the plans had been reviewed at least once a year and more frequently if there had been a change in need. People and their carers spoken with confirmed they had been actively involved in the review process.

Staff spoken with told us the care plans were useful and they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs. This meant there were systems in place to respond to people's needs in a timely manner. Staff us they had received training on person centred care planning and equality and diversity. They expressed a practical awareness of responding to children and adults as individuals and promoting their rights and choices.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to

any changes in a person's well-being. The records were returned to the office on a monthly basis for archiving. The registered manager confirmed a member of the management team read the records to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

People were very complimentary about the services provided and the support they received to access community facilities and pursue leisure interests. One carer told us, "They are very good, it means my son can continue to socialise with friends, which is very important to him" and a person using the service said, "I live for Tuesday's. I really enjoy my trips out. We've been all over the place and we have a good laugh and a chat." Staff were also positive about their role in assisting children and people to participate in leisure pursuits. One staff member told us, "I absolutely love my job, it is so rewarding. I go out and about all the time and it makes such a difference to people's lives. I have always believed in service with a smile, so we always try to have some fun". Staff assisted children and adults to regularly access the local park, swimming bath, bowling alley and cinema. Adults were also supported to local pubs and social clubs according to their preferences. The registered manager explained visit times were altered as necessary to compliment activities. This enabled children and people to live as full a life as possible.

The agency was responsive to individual needs and used creative ways to meet people's aspirations. For instance staff had researched for a baking club for one person who had a strong interest in baking and this person was supported to attend the club on a weekly basis. A member of staff had undertaken a course to use a computer tablet in order to support people living with dementia. The agency also arranged three weekly singing groups for people who had experienced a stroke or were living with Parkinson's or dementia and their carers. This greatly reduced the risk of social isolation and promoted health and well-being. The registered manager told us the people using the service and their carers had requested social and healthcare professional staff don't attend the groups so they can spend time together. The agency had therefore ensured the groups were run in an informal way. Thought

## Is the service responsive?

had also been given to the seating arrangements so people and their carers could arrive and leave whenever they wished without drawing attention to themselves or disrupting the group.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I can ring them day or night if I had a concern they are always available to talk." Carers spoken with told us they would be happy to approach the registered manager in the event of a concern and confirmed all past queries had been resolved immediately. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user

guide and included the relevant timescales for the process to be completed. We looked at the complaints record and noted the registered manager had received one complaint in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

The registered manager and management team worked closely with other social care and healthcare professionals as well as other organisations to ensure children and people received a consistent coordinated service. For instance in the event of a medical emergency whilst providing care, the staff supported children and people in Accident and Emergency until they either returned home or were admitted to the hospital. Information was shared after gaining consent from the person or parent.

# Is the service well-led?

## Our findings

All people, carers and staff spoken with told us the agency ran smoothly and was well organised. One carer told us, “It is a very good personal service and any queries are dealt with quickly and easily. Everybody is friendly and understanding” and person using the service commented, “They have all been excellent, I have been very satisfied with the leadership.”

There was a manager in post who had been registered with the commission since November 2013. The registered manager had responsibility for the day to day operation of the agency. Throughout all our discussions it was evident the registered manager had a knowledge of people’s current needs and circumstances and was committed to the principles of person centred care. Person centred care places the people at the centre of their care and services are tailored to their interests, abilities, history and personality. The registered manager described his key challenges for the service as continuing to provide high quality service and developing the use of technology and the website. He was supported by a board of trustees who met formally with him on a monthly basis. We saw minutes of recent trustee meetings and noted all aspects of the service were discussed including finance, staffing issues, any accidents or incidents, current projects and an overview of the care and support provided to children and adults. The chair of the trustees visited the agency every two weeks and was involved in the recruitment of new staff.

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided to people and children. This included feedback from people and their carers. This was achieved by means of an annual satisfaction questionnaire and by seeking feedback at every care plan review. The last satisfaction survey was carried out in October 2014. We were sent a copy of the results following the inspection and noted people were satisfied with the overall service provided. A record was made of the continuous feedback obtained during care

plan review meetings. This meant any queries or concerns could be resolved immediately and the registered manager could easily track any recurrent themes. We saw evidence of the feedback during the inspection.

The registered manager and the management team also carried out regular checks and audits. These included checks on files, staff training and supervision, accidents and incidents and visits to people’s home. The latter was attained by analysing the data from the checking in and checking out system which staff used each time they visited a person’s home. An external auditor checked and audited the agency’s financial accounts.

Following any incident or accident staff completed a form, which was reviewed by the registered manager who carried out an investigation if necessary. The board of trustees also looked at the forms and information was entered onto a computer database. The registered manager monitored any patterns and trends as necessary and produced action plans to respond to any issues.

We found staff were enthusiastic and positive about their work. There were clear lines of accountability and responsibility. They were well informed and had a good working knowledge of their role and responsibilities. Staff told us they had received the training they needed and were well supported by the management team. Staff were asked for their opinions by means of a annual employee satisfaction questionnaire. We were sent a copy of the results and noted 100% of staff were happy with their current role at Crossroads.

Regular meetings were held with the management team and staff. The staff meetings were held every quarter. Staff spoken with told us they could raise and discuss any issues. Forums had also been held for people attending specific projects for instance the singing groups. We saw minutes of the meetings during our visit.

The registered manager expressed commitment to the ongoing improvement of the service and explained the plans in place to develop the range of services provided. We noted an operational business plan had been produced which covered all aspects of service provision and set out the objectives for the forthcoming year.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Personal care

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The provider had failed to notify the commission of incidents without delay. (Regulation 18 (1) (2)).**

### Regulated activity

### Regulation

Personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The provider had not always operated a robust recruitment procedure. (Regulation 19 (1) (2) (3)).**