Crossroads Care Cheshire, Manchester & Merseyside Limited

Crossroads Care Cheshire East

Inspection report

Overton House
West Road
Congleton
Cheshire
CW12 1JY

Tel: 01260292850
Website: www.crossroadsce.org.uk

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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

Summary of findings

Overall summary

We inspected Crossroads Care Cheshire East on 20, 23 and 25 May 2016. As this was a domiciliary care agency service, we contacted the manager 48 hours' before the inspection. This was so that we could ensure that staff were available at the office. At the last inspection in February 2014 we found the service met all the regulations we looked at.

Crossroads Care Cheshire East is registered to provide personal care to children and adults who live in their own homes. They provide staff to support carers of all ages who care for someone with any disability or long-term illness. The offices for the service are located in Congleton and are within walking distance of the town centre. At the time of the inspection, there were 209 adults and 4 children in receipt of personal care.

The service did not have a registered manager in place. 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. The service had a newly appointed manager, who confirmed following the inspection that she had made an application with CQC to become registered.

We identified one breach of the relevant legislation, relating to safeguarding. You can see what action we told the provider to take at the back of the full version of the report.

We found that people were positive and complimentary about the service that they received. They told us that they felt very well supported by the service. People said that they felt safe whilst being supported by staff from the service. We found that staff understood their responsibilities to report safeguarding concerns and to protect people from abuse or harm. Staff had received appropriate training and knew how to report concerns appropriately. However, we found evidence that the service had not reported a safeguarding concern to the local authority, as required by the local Adult Safeguarding Policy and Procedures. The previous manager had dealt with some aspects of the concerns but we could not evidence that the person had been fully protected from future harm.

There were sufficient staff to meet the needs of people receiving a service. There had been a period of time when the service had been short staffed and the service continued to recruit new staff. People told us that their calls had very occasionally been cancelled, but we found that this had improved. People were satisfied with the support that they received and told us that the carer support workers were usually on time. We found that people received consistent staff.

Medicines were administered safely. People were supported to take their medicines by staff as prescribed. We recommend that the service implements a more robust audit process for medicines.

Staff were skilled and knowledgeable. We found that staff completed a robust induction prior to starting

work in the service. Staff received regular and ongoing training. People told us that they felt that the staff were well trained. Staff were encouraged to develop their skills and were supported by regular supervision meetings.

Staff had a good understanding of the Mental Capacity Act(MCA) . We saw that the service recorded when best interest decision had been taken when people did not have the capacity to do so themselves. Staff ensured that they obtained consent from people prior to carrying out any support tasks.

People told us that staff were caring and treated them with kindness. We found that people and their relatives were very happy with the support that they received and told us that staff treated them with dignity and respect.

Staff had a good understanding of risks associated with people's care needs and knew how to support them to be as independent as possible.

Assessments and care plans were in place. They provided detailed information and were reviewed and updated. The care plans and risk assessments provided person centred information and included people's preferences and choices. People told us that the service was flexible and responsive.

The service had a complaints policy and procedure that was included in people's care records. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff. Records showed the service responded to concerns and complaints and learnt from the issues raise.

The management team were friendly and approachable. We found that information was organised and readily available. There were systems in place to monitor the care provided and people's views and opinions were sought regularly about the quality of the service. Staff told us that they felt well supported by the management team. There were plans in place to develop and improve further the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found that the service was not always safe.

We found that staff understood their responsibilities to safeguarding adults from abuse and harm. Staff had received appropriate training. However we found that a previous incident had not been reported appropriately by the service, as required by the local adult safeguarding procedures.

We found that medicines were managed safely, but found that more robust auditing procedures were required for medicines.

People and their relatives told us that they felt safe whilst being supported by staff.

We saw that the service operated safe recruitment processes.

Is the service effective?

Good

We found that the service was effective.

Staff were skilled and well trained. They received a robust induction and regular training updates.

The service had an understanding of the requirements of the MCA and ensured that where people lacked capacity to make decisions they were made in their best interests.

People had access to health and social care professionals when required.

Is the service caring?

Good

We found that the service was caring.

Staff had developed caring and positive relationships with the people that they supported.

People told us that they were treated with respect and their privacy and dignity was maintained.

The service provided a palliative care service which support

people and their relatives, nearing the end of life.

Is the service responsive?

Good

We found that the service was responsive.

Staff knew people well and had a good understanding of their needs.

Assessments were carried out prior to the start of the service, to ensure that people's needs could be met. Care plans contained information on how to respond to people's assessed needs

People were aware of how to complain and said they would feel comfortable raising any issues that they may have with the care staff or registered manager

Is the service well-led?

Good

We found that the service was well led.

Staff told us that the service was well-led and they felt supported in their roles.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the response.

We found that the service had systems in place to monitor the quality of the care.

Crossroads Care Cheshire East

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.

This inspection took place over three days on 20, 23 and 25 May 2016.The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 23 May we spent time visiting people who used the service in their homes

The inspection was carried out by one adult social care inspector and an inspection manager contacted people by telephone.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection.

The provider completed 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. Prior to the inspection we reviewed this and other information we held about the service, we looked at any notifications received by the Care Quality Commission. We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited one person and their relative at home. We also spoke with people over the telephone including six people who used the service, plus eight further relatives.

We looked at a number of records during the inspection and reviewed seven care plans of people supported by the service. Other records reviewed included staff training records and records relating to the management of the service such as policies and procedures, rotas, complaints information and meeting minutes. We also inspected three staff recruitment files. During the inspection we spoke with a number of staff including, the interim manager, the newly appointed manager, the operations director, the training manager and eight members of the carer support staff.

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Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe whilst being supported by staff from the service. One person commented "I do feel safe, they know what they are doing." People's relatives also told us "We're very satisfied with the service" and that they felt that their relative was "In safe hands".

The provider had policies in place for safeguarding vulnerable adults and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. Information about the local authority safeguarding policy and procedures was on display. However we found that this information was out of date, as it had been replaced by a new policy. The new manager confirmed that she had recently accessed the most recent local authority Multi- Agency Safeguarding Adults policy and procedures and had included this information within the "on call" information pack. She assured us that all staff would also have access to these procedures.

Staff we spoke with had an understanding of the signs of abuse and told us that they knew how to report any safeguarding concerns. We saw from the training records that staff had received training within their induction, as well as on-going refresher training on the subject. Staff were clear about their responsibility to report any concerns and told us "I'd write it down and tell the office straight away," and "I would report it straight away." However, we found that when a concern had been identified it had not been reported by the service to the local authority as a safeguarding matter. The previous manager had dealt with the issue under the provider's internal procedures but had not reported the issue as required by the local safeguarding procedures. Whilst we saw that some action had been taken to deal with the issue at the time, we were unable to confirm that sufficient action had been taken to ensure that the person had been fully protected. This meant that people couldn't always be confident that they would be fully protected from abuse or harm.

We found that this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

There had been a period of staffing recruitment difficulties. The manager informed us that there had been a change to staff terms and conditions due to the needs of the business. They believed that this had resulted in some staff turnover and a reduction in staff. On a few occasions it had been difficult to cover a number of the care calls. The manager told us that the service had operated a system whereby people's calls were prioritised to ensure that people were not left vulnerable. The manager told us that recruitment of new staff was a priority. Whilst the service continues to recruit staff we saw that there had been some improvement in the stability of staffing levels and they currently had sufficient staff to ensure that all calls were covered. The manager also told us that there were plans to improve the organisation of the rota system, to ensure that they were working in the most efficient and effective manner. Rotas were sent out to people and staff on a weekly basis, so people knew which support workers to expect.

People told us that staff always arrived to support them as expected and they had enough time to meet their support needs. Although some people said that there had been a period of time when the occasional call

may have been cancelled or the call time had been altered. One person told us "It works out, but just recently there have been shortages" and someone else told us that they had been "let down a couple of times when they didn't have enough staff." Other people told us that the staff were very consistent and on time. Comments included that the staff were "always on time and always stay the full time." The manager told us that the times and length of calls were monitored via log sheets which were completed by the workers and brought into the office to be audited by senior staff.

The staff we spoke with all felt that there were enough staff within the service to cover the shifts available. We saw staffing rotas that showed staff mostly attended to the same people for the majority of their visits, which meant people had consistency of staff. The manager understood the importance people placed on having regular care workers. She told us that one of the service's strengths was the continuity that people received, as they aimed to introduce a team of support workers to each person. A relative confirmed that they received regular support workers "I am pleased with the service we get. When (worker) is on holiday we get sent another very good carer. Everything is tickety boo."

The manager confirmed that new care workers were always introduced to people before they provided their care, unless it was an emergency. Staff confirmed that they had sufficient time and travelling time between calls allocated, which mean that were able to meet people's needs. One person commented "We don't do quick calls, so we have time." There was an out of hours on call system in place to help maintain continuity at weekends and during the night. Staff and people we spoke to told us there was a prompt response from the person on call if they rang for any advice or support.

We found that there were robust recruitment procedures in place. Records demonstrated that all new employees were appropriately checked through recruitment processes. We inspected three staff files, which confirmed that all the necessary checks had been completed before they had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining two references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interviews questions were thorough and covered topics such as communication and confidentiality. The manager told us that they placed great importance in the quality of the staff that they recruited and that the company invested greatly in their staff.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff who administered medication had received medication training and their competency had been checked.

We looked at four medicine administration records (MAR). Where care workers supported people to take their prescribed medication, printed and written MARs were used People told us, and records confirmed, that staff recorded any prescribed medication in their medication administration record (MAR) We saw that these documented the type of medication, the dose and the frequency at which it needed to be taken. Support workers signed MARs when they had assisted people to take their medicine. We discussed medication that was prescribed "as and when required" (PRN). The training manager informed us that if a person was unable to request this medication themselves, that information is written into the person's care plan, including when the medication should be given, the signs to look for and to check when it was last administered.

We saw that the MARs were returned to the office on a monthly basis and were checked and signed off by one of the management team. However, we noted that there were some minor issues with one of the MARs which we reviewed. For example there was a gap on one of the days where staff had not signed. We also saw that at times the person's family supported them with medication, but this was not recorded on the person's support plan and could have led to confusion. We discussed this with the manager who agreed that the current process had not highlighted these issues and it was unclear whether these practice issues had been addressed with the staff. The manager agreed that a more robust process for auditing medication records, could be developed. We recommend that the service takes action to ensure that medication auditing processes are more robust.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and manage any identified risks; for example moving and handling, mobility, bathing and showering, food and drink and social outings. These had been reviewed and updated to meet people's changing needs. Environmental assessments of people's homes were also undertaken. We saw that the plans included action to manage risks as safely as possible. The service had a separate risk assessment form which could be used for any specific and individual risks which had been highlighted.

There were systems in place to record and monitor incidents and accidents; these were monitored by the manager and the provider which ensured that if any trends were identified, actions would be put in place to prevent reoccurrence. We saw records which demonstrated that any significant accidents or incidents were reviewed within a quarterly care quality subcommittee, who would review and consider whether any further recommendations were required. Staff had a good knowledge of people's identified risks and how to manage them. A relative told us "The staff make sure (relative) is safe on his stair lift."

We saw that the service had a business continuity and disaster plan in place. This information was kept within the "on-call" folder and ensured that all relevant contact numbers were easily available in the event of an emergency. Systems were in place to minimise any adverse impact on the service people received in the event of an emergency.

People and their relatives confirmed that staff always wore gloves and aprons when providing care, this helped to protect individuals from the risk of infection. We observed that staff collected gloves and aprons from the office. We also saw that staff were reminded within staff meetings about the importance of not wearing jewellery or nail varnish and of wearing protective equipment.

Good

Is the service effective?

Our findings

We found that the service was effective. People and their relatives told us that they thought the carer support workers were competent and well trained. They told us, "The carer is well trained, we can't praise her enough". Other people described the workers as "Excellent" and "Smashing."

We found that staff had appropriate knowledge and skills to carry out their roles effectively. There was a robust induction programme in place. Staff told us that they had completed an induction programme which included shadowing other staff when they started work. Staff spoken with confirmed this and told us "I had really good training when I started," someone else said "They went through everything, health and safety, safeguarding, safe handling and medication."

The provider employed a training manager who was responsible for the development and delivery of the induction and training programme. We spoke with the training manager and found her to be passionate about her role and the training that was provided to staff. We saw that staff were booked onto a four day classroom based induction, when they began their employment. The induction covered a wide range of subjects, including equality and diversity, person centred care, privacy and dignity, mental health and safeguarding, amongst other subjects. The training manager confirmed that the induction met the requirements of the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. The induction also covered extra areas not included in the Care Certificate such as reminiscence therapy and medical conditions.

We saw that new staff completed workbooks, which were linked to the Care Certificate and National Vocational Qualifications (NVQs). The training manager told us that this training was followed up with shadowing, spot checks and supervision, which included a training development plan. These needed to be completed before the manager would sign off the Care Certificate or allow the worker to work alone in the community.

Training records demonstrated that staff had completed all relevant and refresher training which included safeguarding, food and hygiene, moving and handling and medicines. Records viewed confirmed staff training was up to date and training due for renewal had also been recorded with expiry dates. One member of staff told us "They are very hot on training." The training manager told us that she kept up to date with best practice and gave an example of a new gadget that had been purchased to support people's learning within basic life support. Staff were encouraged to develop their skills and knowledge and we saw that some staff were undertaking either an NVQ 2 or 3 in health and social care. A member of staff commented that "I had supervision with my manager and I asked to progress, they have encouraged that."

Staff were given information about the provider's policies during the induction process and these were updated quarterly. We saw from the records that staff received a disc which held details of all the policies in place, which meant that staff could read and refer to these at home. Staff also received a staff hand book and code of conduct. We saw that regular team meetings were held and meeting minutes evidenced that staff were given clear guidance about the expectations around staff conduct and performance.

Staff told us they received regular supervision sessions which they found supportive and had an annual appraisal of their performance. We saw that records were maintained to demonstrate when these meetings had taken place and when they were next due. The new manager told us that she planned to meet with all staff to carry out a supervision meeting. These meeting had been planned in the diary and will be carried out every six weeks initially. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of direct observational supervision sessions. Staff confirmed that spot checks were undertaken unannounced, and the format of spot checks covered a number of areas such as, the way staff were dressed and presented, if they were wearing appropriate personal protective clothing, care delivered, including dignity, choice and maintaining people's independence.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

We saw that staff had received training in the MCA and had an understanding of the principles of the MCA. We found that staff gained consent from people before carrying out any care tasks. A member of staff commented "I do it how they want to do it…if a person said no, it's their choice." And another staff member said "you wouldn't just do it, you would gain consent." People and their relatives spoken with also confirmed that this was the case. One member of staff told us that if a person didn't have capacity to consent to the care then, "We would discuss at the point of referral as part of a best interest decision." The manager told us that if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

We saw that the service documented information in line with the MCA as part of the person's support plan. People were asked to sign their consent to the care support plan. We also saw that it was recorded when people were unable to communicate informed consent, with the action taken to involve the person in discussions about the plan. It was also documented when it had been discussed with other relevant people in the best interest of the person. However we noted that in some cases where a best interest decision had been made, we could not always evidence that a mental capacity assessment had been completed beforehand, to confirm that the person lacked capacity. The manager told us that if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken.

People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care, for example, information from the GP or district nurses. Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns. A relative told us about an occasion when the support worker contacted the district nurse on a Sunday because "she knew him and he wasn't well." .

Good

Is the service caring?

Our findings

We found that the service was caring. We asked people whether staff treated them in a caring manner; one person told us that staff were "very caring, very thorough and very friendly." Relatives also commented, "They are really caring" and "We can't praise them enough."

We asked staff how they got to know people using the service. They told us that they always received information about people prior to providing support to them. Usually if new staff were being introduced to a person, they would undertake an initial visit with another support worker. A staff member commented "We would try and arrange an intro visit, we would not just turn up and get on with it." They also told us that they ensured that they read the care plans in place. Staff said "There is always a care plan. I always read the care plan and risk assessments. You have to get a full picture about the person, as this helps with communication."

We saw that staff had developed positive and caring relationships with the people that they supported. A member of staff told us "I have built up a great relationship with a client who doesn't always wish to talk to people." One person commented "I have got to know them (the staff) and they are like friends." People told us that the staff were kind in their approach. One relative confirmed that "They treat (relative) very well." We were told that the staff were "Amazing." However, one relative said that they had raised a concern about the approach of one member of staff and that this was being addressed by the manager. The rest of the comments received were positive.

People using the service told us that they were involved in decisions about their care and support and felt in control of the care and support provided. One person told us that they did not have to tell the care workers what needed doing as they already knew, but explained that they were listened to and care workers respected their choices and decisions if they did ask for something. Another person said "They seem to know my needs well." A staff member commented "It's not about us, you're there to support them and their family." The care records also demonstrated that this approach was encouraged. Indeed, we saw in one person's care plan that workers were expected to involve and encourage the person, it read "Staff to work in a person centred way to include and encourage the client to make appropriate choices and decisions to the best of their abilities."

Information about the service and updates were provided to people and their relatives through a monthly newsletter. Information and guidelines about the service were available in people's care folders, this information was also available to people in large print or on an audio CD, to ensure that people with visual needs were able to access the information.

People's dignity and privacy was respected and promoted by the service. People told us that staff treated them with dignity and respect. One relative told us that staff respected their relative and had made him feel very comfortable. She commented "He wasn't keen on having people caring for him, but now he feels comfortable. The carers are funny, chatty and nice."

Staff we spoke with were aware of importance of prompting people's dignity. They said "You treat people how you want to be treated yourself." And "You always treat people with dignity." They provided examples, such as ensuring that people always "looked their best." The management team told us that regular spot checks were carried out with the staff and part of this check was to ensure that people were treated with dignity and respect.

We saw that information was on display for staff regarding dignity in care, including the dignity challenge and promotion of dignity champions.

The service provided palliative and end of life care, through a specialist palliative care project. A group of staff supported people who were nearing the end of their life, which aimed to ensure that their care was co-ordinated and planned. We spoke with the palliative care assessor, who told us that the team worked closely with district nurses, Macmillan nurses and the local hospice, to support people to pass away in their preferred place. Staff had received training from the End of Life partnership. People and their relatives told us that they felt supported by this service. One relative told us "They give me a break, they have been brilliant."

Good

Is the service responsive?

Our findings

People told us that they found the service to be responsive. Comments included "We are very satisfied with the support", "All the carers have been excellent" and "I've found them very good."

The manager explained to us, that she believed Crossroads delivered a unique service which provided specific support to the carers and for the people they cared for. Some of this support enabled carers to have a regular break from their caring role.

We found that people and their carers received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. Staff had good knowledge and awareness of the people that they provided care for. They told us that they mainly provided care to the same people, which allowed them to build an understanding of their needs. Staff spoken with had detailed knowledge of the people that they supported. For example, a worker explained how they knew when a person was in pain, because of their expression and posture. Relatives told us "They have made sure that he had someone (carer) who knew him." And "It is usually the same carer who gets on well with (person)."

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. People had a care and support plan, which we saw contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names and interests'. One person informed us "Someone came out and checked everything before they started. They took note on what he likes, such as a wet shave or electric shave." We saw that people's preferences were respected, for example it was recorded in one person's care plans that they required support from a male carer support worker only . We found that the support was flexible and responsive to people's needs. People said "They say (carers) "what shall we do today" and they listen to him." And "They have been very flexible."

We saw that people were also encouraged to maintain as much independence as possible, For example people's care plans stated "(Person) is very independent and will ask for assistance if needed." And "(Person) is sometimes able to eat and drink by themselves."

We saw that people's care plans were reviewed and updated by staff. The manager informed us that everyone's care plan was reviewed annually. The management team were also in regular communication with the local commissioning teams, and communicated issues and concerns when required, so that appropriate action could be taken. Staff told us that they would inform the management team of any changes to the support needs of people. Staff said that the manager was very responsive and ensured that people received the correct level of support. They said "Every time I have reported something, it has always been acted upon."

Whilst the care plans had been reviewed, we found that in some of the care plans, there was minimal information regarding the detail of these reviews and in one plan it was simply recorded as "no changes." We saw that a person had received support from the service for a long period of time. We saw from the daily records for this person there appeared to have been some changes to the person's needs which were not

reflected in the care plans or assessments. We discussed this with the new manager who told us that she had started to take part in some of these reviews herself so that she can familiarise herself with some of the people's needs. She planned to look at the system in place for auditing the daily record sheets when they come into the office, to pick up whether there have been any significant changes to people's support needs.

People knew how to raise concerns and were confident action would be taken. People's comments included; "If I had a concern I would speak to the care manager first." Someone else told us that they would speak to the manager and were confident that they would listen and respond. One person told us that they had raised a concern which had been dealt with effectively.

The service had a complaints policy which set out the process and timescales for dealing with complaints. We saw that this information was available to people within their care folders at home. We saw that the service held a complaints file, which contained two complaints from within the past two months. We saw evidence that the complaints had been dealt with thoroughly and appropriate investigations had been carried out, with appropriate actions taken. This demonstrated that the service listened and learned from people's experiences and complaints.

Good

Is the service well-led?

Our findings

People and staff told us that the service was well-led. They said "I'm happy with everything", "Crossroads are flexible" and "They are very approachable." One person told us that if they had any problems they could contact the office and they "Always get a very good response."

There was an interim manager in place, who had been managing the service for the past few months. A new manager had been appointed and was in the process of undertaking an induction. We raised concerns because there had been a significant period of time where the service had not had a registered manager in place. The new manager told us that she was in the process of making an application to become registered with CQC. Following the inspection the new manager confirmed that an application to registered had now been made.

The manager told us that the ethos of the organisation was very important and explained that Crossroads was a registered charity and a not for profit organisation. The service was governed by a Board of Trustees who were volunteers. There was a statement of purpose in place which contained a list of the current board members. All staff were told about the ethos and values of the service during their induction. We saw that the service had a clear vision, mission statement and values which were available for people to access through information provided within the care folders. Staff knew about the visions and values of the organisation and told us how they made sure people received personalised care and they were treated with dignity and respect

We saw that suitable management systems were in place to ensure that the service was well led. We found that information requested was organised and readily available. The interim manager and newly appointed manager responded well to the inspection process. We found them to be friendly and approachable, they told us that they were focused upon improving the quality of the service.

Staff told us that the manager and management team were very approachable and supportive. The management team knew the staff team well. Staff regularly visited the office or were in frequent contact with the management team over the telephone. Staff spoken with were positive and told us that communication with the office was good. Staff commented "(manager) is absolutely brilliant, she is always there, and she has an open door."

Some staff told us that they had felt unsettled at times, due to the changes in the management team. Staff also said that the recent changes to their terms and conditions had been difficult for some staff. However, overall we found that staff were positive about the service and the support they received. Comments included "I love my job" and "I've got plenty of back up, lots of people with expertise."

Staff received information and regular updates through staff team meetings. We saw the minutes of some of these meetings and saw that they were held on a quarterly basis.

People and staff were asked for their views and opinions through a yearly survey. People and staff were

complimentary about the service. The latest survey carried out for 2015, 71% rated the carer support workers as excellent and 26% as good. This year's survey had recently been sent out and the manager told us that they were currently awaiting the responses. We noted that one person had commented that they had received a survey to complete but that they didn't find it helpful because there was limited space for comments to provide meaningful feedback. The manager assured us that she would highlight this feedback to appropriate colleagues within the service. We saw that the recent staff survey suggested that there was low staff morale. The manager told us that an action plan was being developed in response to the staff survey.

The service had systems in place to monitor the quality of the service. Regular spot checks were carried out. We saw records which evidenced that these were carried out, one member of staff told us that they had received a spot check that day. People and their relatives confirmed that the provider carried out visits to monitor the service and update the care folders. One relative told us "Someone comes from the office every couple of weeks". Another person said that "(Worker) phones from the office, she is very reliable, you can talk to her." The manager had carried out quality audits to monitor and assess the service being provided. They had oversight of the quality of care being provided in all aspects of the service. Care plans, risk assessments and staff files were regularly reviewed. We saw that care plans audits were carried out for each person on an annual basis.

However, we found that although there had been some monitoring of the administration of medication, there were some gaps and a formal medication audit was not in place. The new manager told us that this was an area that she would be focusing on.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that one notification had been had submitted notifications to CQC in line with CQC guidelines. The new manager was aware of her responsibility to submit notifications as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service had not always ensured that service users were protected from abuse and improper treatment.