

Crossroads (Barnsley) Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Crossroads (Barnsley) Limited is a domiciliary care service which provides personal care to adults with a range of support needs, including dementia and physical disability, in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. Crossroads (Barnsley) was providing personal care to 55 people at the time of the inspection.

People's experience of using this service:

People supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training which was regularly refreshed. Staff understood their role and responsibility to keep people safe from harm.

Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People supported spoke with the highest praise and regard of the staff that provided support and the office team including the registered manager. People told us staff treated them with dignity and respect and were kind, caring and sympathetic to them.

People received personalised support from staff who knew them well. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

Staff worked closely with a range of community healthcare professionals to promote good outcomes for people. Feedback from healthcare professionals involved with the service was extremely positive.

People, their relatives and staff could approach the management team if they had any concerns. The provider had a complaints procedure in place which explained how people could raise concerns. The service had not received any concerns.

The registered manager operated a governance system which included the completion of several audits. These were to ensure the service was operating within the policies and procedures set by the provider. Any

concerns were acted on appropriately.

More information is in the full report

Rating at last inspection:

At our last inspection, the service was rated "good". Our last report was published on 8 September 2016.

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Crossroads (Barnsley)

Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting and caring for young and older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including dementia and physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:

We gave the service short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 4 February 2019 and ended on 5 February 2019.

On the 4 February 2019 we visited four people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we were accompanied by the care manager and met and spoke with four relatives and three care workers. We also spoke over the telephone with six people who used the service and five relatives.

On the 5 February 2019 we visited the office location to see the registered manager, interview staff and review care records and policies and procedures relating to the service. We interviewed six staff including, a care coordinator, a team leader and care workers.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had appropriate systems in place to safeguard people from abuse.
- People who used Crossroads (Barnsley) told us they felt safe when being cared for by the care workers. One person told us, "I certainly feel safe. They are on time, yes and very nice people [care workers] to."
- Relatives told us, "Yes I feel [family member] is safe. They come on time and never let us down," and "[Name] is safe, yes, they are mobile and very independent, and would say if there were any problems. They are consistently good, [family member] likes the carer, there are no problems."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Staff spoken with were aware of any risk assessments in place and told us these helped to keep people safe from harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and information was recorded in people's support plans detailing the support they required from staff to manage the identified risks.
- For example, one person had a risk assessment in relation to them being taken out on social outings by staff. The risk assessment took into consideration any potential hazards of travel arrangements, medication required to be taken whilst out and possible emergency situations that could arise.

Staffing and recruitment

- There were enough staff employed to ensure people received care and support at the agreed times.
- People told us, "They are an excellent team, the main one [registered manager] is top gear [the best]. Nothing is too much trouble. They are on time always, no problems with that. They are marvellous and look after me. I can't say anything bad about them, and "The staff are absolutely brilliant, I have had the same carers for a long time, they are polite and clean. Crossroads found someone I would get along with, compatible. They come on time and let me know if they are not coming which has been on the very odd occasion over the years."
- Full and thorough recruitment checks were completed for all staff prior to them being offered a position at the service. This helped to keep people safe.

Using medicines safely

- Staff were trained to administer medicines and there were systems in place to help ensure people received their medicines as intended. One relative told us, "They are good when administering tablets and eye drops."
- We observed a staff member administering medicines to a person. They were patient, calm and reassuring. They took their time and provided explanations about the medicines they were being offered.
- Medicine records checked were fully completed. When they were returned to the office at the end of each month they were checked and any discrepancies were dealt with. Where necessary appropriate action was taken to prevent further errors or discrepancies.

Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and following the infection control policy and procedure.
- We observed staff using personal protective equipment, such as, gloves and aprons, when providing personal care to people and during meal preparation.

Learning lessons when things go wrong

- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service.
- Managers at the service encouraged staff to look at what could be learned when something went wrong. Staff discussions took place to give staff the opportunity to give their feedback about what could be done better.
- The system in place to analyse accident and incident records, to identify any trends and themes needed further embedding into practice. The registered manager looked at the best way of doing this during the inspection and then put this into practise.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were positive about the care they received from staff at Crossroads (Barnsley) People told us, "It's like having a sister who comes," "Very friendly staff, I like both of them," and "I can't fault the staff."
- One relative told us, "I let them know anything on the whiteboard and they let me know anything I need to know in the book. We have good communications. Mum is very happy with them."
- People were supported to access healthcare services to ensure their needs were met. Staff told us if they had concerns about people's health they would let the management team know. They were confident action would be taken.
- People's needs were assessed prior to them starting with the service and then at regular intervals. This meant care was provided to people in line with their current needs and preferences.

Staff support: induction, training, skills and experience

- Systems were in place to monitor staff's training needs and staff were up to date with their training.
- Staff told us they felt well supported and comfortable approaching management. Their comments included, "If I'm not sure about something, I'll phone a manager and say I'm a bit worried about whatever. It's usually if someone's condition is worsening or changing. They'll tell me what to do," and "It's like an open-door policy. They've made me feel you can pick up the phone and get support if you need it. I've been going to a gentleman and he passed away. I had got really fond of him. The managers said if you need to talk, just come in and have a sit down with us or pick up the phone."
- Staff received regular supervisions and appraisals. One staff member said, "We're asked in supervision what we feel we've done well. It gives us the opportunity to get our point across and raise any issues. We've got a choice to air our views and get some resolution."
- Unannounced spot checks were carried out to observe staff member's work practice. People who used the service told us this also gave them the opportunity to say what they thought about their care workers.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to stay healthy and referred people to other healthcare professionals as required.
- Where appropriate staff supported people with their food and drinks. People told us, "They are really good, very obliging and smart, they cook very well," and "They cook what I like because I have food allergies. They all know this, it's in my records."
- We observed a person being assisted with their breakfast. Staff asked the person what they would like, suggesting different options. They sat with the person and supported them to eat at their pace whilst

chatting and laughing together. Staff also made sure the person was sat up in the correct position as advised by the speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care

- People had their individual needs assessed before care started. These assessments were completed with involvement from both the person and their families where appropriate.
- We saw technology and equipment was used effectively to meet people's care and support needs. This was assessed for and then obtained in consultation with other healthcare professionals involved in the person's care. For example, one person's bathroom had been adapted to make it possible for the care workers to assist the person to have a shower safely and in line with their wishes.
- The registered manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised care plans for the people they supported.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by them.
- For example, we saw the speech and language therapist had recently updated information about the types of food a person could eat. This had been laminated and made into a placemat so the person and their care workers could see at a glance the types and consistency of food the person was able to eat safely.
- One healthcare professional told us, "The Crossroads team are very professional, provide an excellent service, are helpful, maintain high standards, work extremely hard and are a much-valued service to all my clients."

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

- The Mental Capacity Act 2005 (MCA) 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff that were caring and knew them well.
- People told us staff treated them well and as individuals. Their comments included, "They always knock. They help me with my reading and writing. They explain everything to me," and "They are very helpful. We go out for a drink of coffee. To me they are friends, they talk to me, we chat about football."
- One relative told us, "This service is excellent and second to none. I am entirely satisfied with the care provided to my [family member]. Care is consistent, with a few regular carers coming in, who are all extremely obliging, friendly and helpful. I cannot praise Crossroads highly enough. They have exceeded my expectations and are far superior to the previous care company we had to use whilst on Crossroads waiting list."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves. We observed staff respected this during our home visits.
- Care and support was planned and provided in consultation with people. People and relatives told us they were asked their opinions and felt listened to.
- One person told us, "They [managers] chatted at the beginning about setting up the care. They asked me how I wanted it," "They listen, I asked about changing my bed, they did it. They asked me to tell them if they are doing anything wrong, we have a laugh."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke positively about the people they supported and referred to people with respect and warmth.
- People confirmed they were treated with dignity and respect when receiving personal care. Care plans contained guidance for staff in respect of maintaining people's dignity for example when they were being assisted to wash.
- One person told us, "They ring the doorbell always, as I want it. They listen to me, we have many a talk. One staff member asked me if I like curries, which I do. She makes them for me from scratch, no jars, I love

them. I needed showering they were absolutely wonderful, so kind." Another person said, "One carer came in a uniform. I asked for her not to come in uniform [when we were going out] and she didn't."

- One staff member told us, "If [name] asks for the toilet, I'll shut the curtains even though I'm just moving them from the chair to the commode. If I think anyone can see into the house, I'll make sure the curtains are shut before I do anything."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us the care provided was personalised to their individual needs. A relative told us, "My [family member] receives personalised support, they have the same carers who supported [other family member]. [Family member] says the carers are part of their family. They are a great support to me as I can completely trust them to give the very best care and support to my [family member]."
- When a person started to receive care from the service, the care manager visited the person and gave an introduction to the service. They told people what they could expect, and discussed the person's care. People confirmed this had happened and had a copy of their care plan and the service user guide in their home. One person told us, "The best thing about this service is they've tailored the carer to my personality."
- Care plans described the support the person needed to manage their day to day care and health needs. These contained information on the person's history, interests and preferences. Staff told us they would be introduced to the person and read the care plan before going out to a new person. Staff spoken with knew people well and could tell us how they supported people.
- The service was flexible and responsive. People told us they were sent the staff rota a week in advance. This gave them time to contact the office staff and make any changes, for example, if they had an appointment and wanted to be ready early. One relative told us, "At the beginning the managers came to see me and matched my mum to a carer. We have the same carers, if one is off another one covers. I have no complaints. If I am on holiday they get staff to cover. I am more than happy with them."
- People said care staff stayed long enough to provide the care they needed and staff stayed for the required amount of time. People and relatives said care visit times were consistent and care was provided by a regular group of familiar staff.
- We saw examples of people being supported by staff to avoid social isolation. Staff encouraged and supported people to continue to follow their hobbies and interests. People told us, "We go out for coffee, they are very friendly and helpful," "They take me to the hairdressers and shopping," "The carers have taken steps to support my friend in their three principal hobbies, cooking, painting and writing. I think this helps their social contacts and emotional wellbeing," and "They take me on appointments to hospital, it's really useful."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. It also provided information about who else people could contact if they wanted to raise any concerns, for example, the local authority and CQC.
- People and relatives spoken with told us they had no reason to complain however they all knew how to

make a complaint should they need to. People told us, "If it's something little, I tell the staff whose come. I have done that once and they sorted it out," and "When I have voiced my opinion, staff take note and take it on board."

- At the time of this inspection the service had not received any formal complaints in the last 12 months. The registered manager kept a log of low level concerns raised, which showed concerns were considered and resolved quickly.

End of life care and support

- The registered manager told us they felt it was important to offer continued support to family members who had shared the responsibility of caring for a person after they had suffered bereavement. The registered manager told us they had a 'bereavement fund' which was possible due to fundraising carried out by the organisation. The fund allowed Crossroads staff to continue to offer support to the family member, giving them time to adjust.

- One member of staff told us, "[Name of person] lost their spouse [who was the person using the service], so we continued to visit them as we had before. We stayed for a coffee and a chat and helped them through the grieving process. The person was so grateful."

- Staff we spoke with confirmed they had undertaken training to help them understand the principles of end of life care and to have the skills needed to support someone at the end of their life. Staff said the training had prepared them for this and given them the confidence to do this.

- The registered manager told us they created care plans which included people's wishes for the end of their lives where this was appropriate. They included information on the whereabouts of any 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) which were in place, to ensure staff were aware of this and these wishes were carried out.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us, "Whatever I say they [staff] sort it out straight away. I have no problems with them. We always have the same carers. I wouldn't change anything," and "I know the managers. They send me a rota every week. I have no complaints at all. They do a damned good job. There's nothing I would change. I have a great carer."
- The registered manager was keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service which was driven by the registered manager.
- It was clear from our observations that staff enjoyed their jobs. They were keen to achieve good outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff felt well supported by the registered manager and they provided positive feedback about how the service was run.
- Staff and managers were clear about their roles and responsibilities.
- The registered manager understood regulatory requirements and had submitted timely notifications for notifiable incidents in accordance with the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they felt they were listened to by the managers and their care workers. One person told us, "If I have any issues concerning my care or support workers I can go into the care agency office and speak to the care management without any discrimination."
- People, their relatives and staff were asked to complete surveys to obtain their views of the service. The results were analysed by the registered manager and used to continuously improve the service.
- The registered manager had not informed people about the actions taken in response to obtaining their views. The registered manager told us this would be completed when the 2019 surveys had been returned and collated.
- Staff felt supported and comfortable approaching management. Staff understood how to report their

concerns and who they could go to. Staff told us they attended regular staff meetings and could share their concerns in confidence. One staff member told us, "At meetings everything that needs to be discussed is discussed. We finish it with 'any other business.' If there are things that have not been covered on the agenda, the manager invites people to raise their hand and contribute. In fact, it's actively encouraged."

Continuous learning and improving care

- The registered manager and senior staff monitored the quality of the service. Each month they completed a range of checks on the service. For example, they audited the medication administration records and daily logs that were returned from people's homes.
- Where audits identified something could be improved, the registered manager acted to ensure the improvements were implemented.
- The registered managers quality assurance system did not always evidence the action taken following any audits being completed. At the end of the inspection the registered manager showed us the system they had put in place to fully evidence any actions taken to improve the service following their audits.
- One staff member told us, "Every three months we get invited into the office. The team leader shares any new policies and procedures with us. We then sign to say we've got them and read and understood them."

Working in partnership with others

- The registered manager worked in partnership with other professionals. Feedback we received from other professionals was very positive. They told us, "Crossroads provide an excellent service, which is well led supporting local people exceptionally well," "I regularly speak with my clients who use the service and the feedback is excellent. The service provided is reliable, caring, respectful, confidential, punctual and the carers are exceptional and a true credit to the organisation," and "I would highly recommend the service, they do an excellent job."