

Crossroads Care Cheshire, Manchester &
Merseyside Limited

Crossroads Care Liverpool Knowsley Sefton & Warrington

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

We visited Crossroads Care Liverpool Knowsley Sefton & Warrington on the 9, 10 and 11 November 2016. Crossroads Care Liverpool Knowsley Sefton & Warrington provides care and support to adults and children in their own homes. The service also provides a STARS service for end of life care working closely with the NHS and Marie Curie services (Support, Talk, Act, Review, Share). At the time of our visit, the service was providing support for 73 people. There were 42 staff employed with on-going recruitment.

The service had 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.

The registered manager was not available at the time of this inspection and the operations manager with the support of three senior staff provided all of the required information.

There was a safeguarding policy in place and staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager or senior staff immediately.

Staff were recruited correctly using safe checks such as criminal conviction records (DBS). There was an induction programme in place which included training staff to ensure they were competent in the role they were doing in the community. Staff received on-going and regular training to enable them to work safely and effectively, specialist training was also provided when required.

We have made a recommendation about staff recruitment records.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened. Incidents and accidents were recorded and learned from.

The opinions of people we spoke with were that the service was very good/excellent. People told us they were happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated, arrived on time and had regular staff providing their care. People confirmed that calls were rarely missed and that an on-call system was always available. All of the people we spoke with had no complaints about the service.

The staff employed by Crossroads Care Liverpool Knowsley Sefton & Warrington knew the people they were supporting and the care they needed. People who used the service and staff told us that Crossroads Care Liverpool Knowsley Sefton & Warrington was well led and staff told us that they felt well supported in their roles. We saw that the operations manager and senior staff had a visible presence and it was obvious that they knew the people who they supported really well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff recruitment records were in place to show staff were recruited safely. Disciplinary and other employment policies were in place.

Medication was documented appropriately.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable adults and children.

Is the service effective?

Good ●

The service was effective.

People's care files showed that had been involved in and consented to their care.

Staff had undertaken relevant and appropriate training.

Staff were provided with supervision and an annual appraisal of their work performance.

Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in planning their care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was updated regularly.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a visible role model and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

The quality of the service was being monitored appropriately at the service.

Crossroads Care Liverpool Knowsley Sefton & Warrington

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 on 9, 10 and 11 November 2016. We gave 24 hours' notice to make sure that the registered manager or senior staff would be available. The inspection was carried out by one adult social care inspector. Before the 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.

We visited the office on 9, 10 and 11 November 2016 and looked at records, which included five people's care records, four staff files and other records relating to the management of the service. We spoke with the operations manager, four senior care coordinators, the training manager, a senior carer/support worker and three care and support staff. The inspection also included home visits on the 11 November 2016 to three people who used the service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information received from members of the public.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us "The staff are excellent; they know what they're doing. I feel safe when they support me". Another person said "The staff are fantastic I like all of them. They do make me feel safe". A relative told us "All staff make sure my relative is cared for in a safe way, they are all wonderful". Another relative said "My relative has trust issues however the staff who support them (the person) are very good and they do feel safe when they support them".

The registered manager and senior staff were aware of how to report any safeguarding incidents. One incident record was available that showed that the safeguarding had been reported to the Local Authority and had been investigated and addressed appropriately. All staff spoken with were aware of what action to take if they thought any safeguarding incidents had occurred. All told us they would report any concerns they had immediately to the manager or senior staff.

We looked at the care plan and risk assessment records for five people. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise any risks that had been identified in the person's original care assessment records. We saw that the risk assessments had been updated and reviewed in the homes of two people we visited and saw that risk assessment records were also available in the home of a person being cared for by the STARS team, which offers short term support. The operations manager and senior staff told us that they reviewed risk assessments every twelve months or sooner if there was any change in the person's needs.

Risk assessments had been completed with regard to moving and handling, the environment, handling medicines and people's physical health. We discussed how the service monitored equipment that was used in people's homes for example moving and handling equipment. The operations manager told us that there was only one person who was currently being supported by hoist transfers and that if they were new staff they would be trained appropriately with regular checks taking place.

We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing. One person who used the service said "Very smart staff and tidy in appearance, they are checked by the office to make sure they have their uniform on and have their identification card with them".

We looked at four staff files and saw records to show that appropriate recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and written references. We found that the provider, the registered manager and the human resources department who did all of the staff recruitment ensured that all previous employer references provided by prospective staff members was validated prior to employment. We found however that not all of the staff files did not contain a photograph of the staff member.

We recommend that the service refers to current guidance for recruitment records.

We discussed staffing levels with the operations manager. They told us that there adequate staff to meet the care needs of the people using the service and we saw that there was a continuous recruitment drive at the service to recruit new staff. There were 42 staff currently working at the service that was sufficient. We were told that the service was constantly recruiting and that new contracts would be actioned when suitable staff were employed. We were told that continuity and reliability was important at the service for people to know their care staff.

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration. Medication Administration Record sheets (MARs) were available within the care files; these were provided by the provider and we saw these had been completed appropriately by care staff. The operations manager had recently updated the procedure for auditing MAR records and all the people currently supported with their medication were being visited to ensure that there MARs were completed appropriately. We were told by everyone we spoke to that there were no problems with their medication.

Staff had received training in medication administration. Staff we spoke with told us any issues with medication was always reported to the manager or senior staff who dealt with the issue immediately and would liaise with the relevant health professional if a medication error had been made.

We saw that the registered manager had accident records that were completed in full. There had been one accident at the service in the last twelve months. We saw records to show what the registered manager had done in response.

Is the service effective?

Our findings

People we spoke with felt that the staff calling on them were fully trained and had the necessary skills. One person said "The staff are very good, no complaints". Another person said "Staff who visit here are excellent, I only have to ask them to do something and it's done". A relative told us "The staff are excellent they put us all at ease and do a brilliant job".

The service employed 35 care/support staff; five staff were in the process of completing a 'National Qualification' in care. The training manager told us that care and support staff were all required to do care qualifications to ensure they were confident and competent in their roles.

Care and support staff had attended regular supervision meetings with their line manager. The operations manager told us that senior care staff did go into the community with staff and observe them in their role to ensure that safe and appropriate care was being delivered

We looked at four staff files and found they all had supervision records in place to show that staff had received appropriate support in their job role. Staff confirmed this and said there was an open door policy and that the registered manager and senior staff were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal; we saw records which recorded and confirmed that appraisals had taken place for all staff.

We noted that new staff had received a five day induction when they first started working at the service. Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training was provided in house and by an external training company if specialised training was required. Subjects that had been covered included dementia, food hygiene, infection control, first aid, moving and handling, safeguarding and fire training. A training plan was in place for the current year and the training manager discussed the training and plan that was being used. The training manager was very passionate about ensuring staff were competent in their roles. One person told us "Staff are well trained and do a brilliant job".

We talked with a newly recruited staff member who told us that they had completed a five day induction training programme, which they said was very good and informative. They had also shadowed another carer for a period of time. We discussed the Care Certificate with the training manager who informed us new staff were completing a ten week programme on line that was monitored by herself and the provider to ensure staff competency. The Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The training manager showed us information that they had added to the Care Certificate training that they provided as part of the five day induction to ensure staff were competent.

One person who spoke with us had food prepared for them by staff from the service. They said they were very happy with what the staff provided for them and they were all good cooks.

The five care plans we looked at showed care delivery had been agreed to by the person receiving the service and in one file their relative had also signed. All had the capacity to make decisions regarding their service and the way it was provided for them.

Is the service caring?

Our findings

People told us that staff were always kind and respectful when attending to them. One person who used the service said "They're all very caring, they are really lovely". Another person told us "Really good staff always supports me in the way I require my care to be provided". A relative told us "My relative is receiving excellent care from all of the staff. We as a family would not know what we would of done without them (Staff) They go above and beyond".

People who used the service were visited by the senior coordinators and asked about the service provision. The senior staff told us that they worked as part of the team in providing care and support and asked people at all visits if the service was providing what they required. People we spoke with were very happy about the care and support provided by the service. We were told that staff were very respectful and caring and carried out their role in a professional manner. One person said "Staff provide fantastic care, very respectful at all times".

The people we spoke with said they were well informed and were also involved in the care being delivered. The care plans we looked at had all been signed and agreed to, and all of the care plan review records looked at had been signed by people and in one instance their relative also. People told us that the care was what they required from the service.

All of the people were happy with the continuity of care staff. They said "The same care and support staff visit, they're all very good". Another said "I have regular care staff and I know them all". Another commented "The staff always do what I need and actually probably stay longer than they should".

We looked at the information supplied by the service at the homes of three people. All had a copy of the 'Service User Guide' that gave all relevant information about the service, who to contact and who to discuss any questions or issues with.

We observed that confidential information was kept in the main office that was locked when there were no staff in the office. Files were locked in filing cabinets and all computer access was protected by a password code.

All of the staff spoken with were enthusiastic about the service provided, one said "We work hard but I really love my job it's a good place to work and I really love visiting the people". Another said "Great place to work we provide excellent care". All of the senior staff spoken with told us that staff work extremely hard to provide excellent care.

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way care was provided. They told us they could not fault the approach of the staff and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any and would speak to the manager or senior staff. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "Nothing to complain about, I would speak to the manager if I did". Another person said "They communicate with me all the time. I have no complaints at all".

We saw that information was kept in three different locations. These were the person's home, the lockable cabinet in the main office and on a password protected database. We saw that this information was always reviewed and information updated to reflect changes that had taken place. We discussed the review procedure with the operations manager and were told that care staff and the person receiving the care were always aware of the changes when a review took place and a new updated care plan was in place on the same day.

The service had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the Care Quality Commission. We asked people in the community if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use it if required. None of the people contacted had complained. We saw from the records that there had been one complaint in the last twelve months; we looked at the complaint log which included information about what action had been taken. We noted that the complaint had been closed and appropriately dealt with.

All the people we spoke with reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. People told us that staff always consulted with them about how their support was to be provided.

The operations manager informed us that a service was not provided until they had been to meet and assess the person in their home surroundings or in hospital. Whenever possible a family member was also present. People we spent time with in the community told us the senior staff and senior care workers had visited them on numerous occasions.

We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the service or a family member. Following this, the registered manager or senior staff gave information about the person to staff on their first visit to ensure the appropriate and agreed care was going to be provided. This was confirmed by the care staff we spoke with.

Care plans included evidence of specialist advice that had been sought. For example, a person had been provided with health care professional support and they requested that care staff inform them of any

changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person.

Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and how the person was feeling. We discussed the importance of legible records with the operations manager and were told that staff would be supported and that training would take place to ensure records were legible if required or requested by a carer/support worker.

We asked how staff liaised with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the registered manager or senior staff of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

Is the service well-led?

Our findings

All the staff who spoke with us said the service was well led. One staff member told us "The registered manager is very approachable, they always have time. If you have a problem she will sort it out" and another staff member said "I feel supported; the manager and the senior staff are always accessible and always act when I raise an issue". People who used the service told us "The manager is very good and acts on what I need" Another commented "The manager is good, she listens".

We requested information on how the service was monitored. The operations manager provided detailed audits of, for example, the service user files and staff files. The operations manager told us that the senior staff and senior carers did go out in the community to monitor service provision and asked people who used the service to express their views of the service. They would act on issues and comments made. A quality assurance questionnaire was sent to people using the service in November/December 2015. There were action plans in place to inform how the service responded to the findings and how the service dealt with any issues raised.

We looked at the planned visits times recorded for five people, staff rotas and records of actual times that staff visited people. We saw that there were a team of staff visit people in a period of a week and those times were what was required from the care plan times. We discussed how the operations manager monitored the continuity and reliability of the service and were told that all people had an allocated team of care staff as staff worked different days on a rolling week.

The registered manager was supported by the operations manager and a senior staff. The team took responsibility for staff rotas and planning the service. The senior staff also spent time working directly with people who used the service.

Staff spoken with told us "It is a great place to work, the staff work hard and I am proud to work here" and "The manager and senior staff are so supportive it's a great place to work". Senior staff spoken with were all full of praise for the team, we were told "It's a team effort we all support each other to ensure we provide a good service".

All the staff we spoke with told us that the registered manager, the operations manager and senior staff were very supportive and had an open door policy which meant they could speak to them at any time they required support. Staff told us that any issues were dealt with immediately. Records of supervision and appraisals we viewed showed that staff were communicated with on a regular basis.

We were able to see how the service worked alongside other professionals such as district nurses, Marie Currie staff and G.P.'s to ensure care services were personalised. An example of this that we saw was a senior staff member requesting more support for a person who's situation had changed and they and their family required more support.

The services policies and procedures had been reviewed in 2015 by the organisation. These included health

and safety, confidentiality, recruitment and lone working. People's care files were stored securely to protect their confidential information.

All of the staff we spoke with were asked if they thought their service provided good care, all said they thought they provided excellent care and support.