

Crossroads Care North West

Crossroads Care North West - Chorley & South Ribble

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Crossroads Care North West - Chorley & South Ribble is an organisation providing a support service to carers of children and adults who have personal care needs. The service helps people's main carers in West Lancashire and surrounding areas to have some respite from their caring duties, so that their own health and wellbeing is maintained. Services are provided to all age groups with differing needs and disabilities throughout the Chorley and South Ribble area.

This inspection took place on the 7 & 8 April 2016 and was announced. The registered manager was given 48 hours' notice prior to the inspection, so that we could be sure they would be available to provide us with the information we required.

We last inspected this service under its previously registered name of 'Chorley and South Ribble Crossroads Care' in February 2014. The service was judged to be compliant in all the areas we looked at. The registered manager of the service was present throughout our inspection. 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.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. People told us the service was reliable.

Staff we spoke with told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke with told us that staff stayed for the allocated time and on and on many occasions stayed over to assist the people they supported.

We looked at assessments undertaken for four people before the agency agreed to provide their domiciliary care package and found that safety checks and risk assessments were undertaken. We found that care plans identified risk management in a person centred way.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems, as outlined in its policies and procedures. People overwhelmingly told us they were safe.

We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities. Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act [MCA]. We looked at people's care records and found comprehensive mental capacity

assessments, with supporting best interests decisions where needed.

Care records held details of joint working with health and social care professionals involved with people, who accessed the service.

We received consistent positive feedback about the staff and about the care that people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. People told us how their relatives were given time during care visits to develop relationships with care staff which meant stable and settled care for people who used the service.

We found that people's needs were being met in a person centred manner and reflected their personal preferences. The manager advised us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with.

There were clear assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. People were supported by staff to access the community and minimise the risk of becoming socially isolated. People's care was delivered in a way that took account of their needs and the support they required to live independently at home.

Staff and people who used the service told us that the management team were approachable. We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care.

We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating to encourage the staff team to provide good standards of care and support.

We found that the service had a robust quality auditing system in place. The provider carried out audits to monitor the quality of the service. We found the registered manager receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

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.

People told us they felt safe when staff visited them to provide their care because they had regular staff who they recognised.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

There were sufficient staff to meet people's needs safely. The provider ensured they had enough staff before they took on a new care package.

Is the service effective?

Good ●

The service was effective.

People received the care and support they needed.

Staff were skilled and received comprehensive training to ensure they could meet the people's needs.

There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we reviewed.

Is the service caring?

Good ●

The service was very caring.

People and their relatives were very pleased with the staff who supported them and the care they received.

Staff engaged with people in a person centred way and had developed warm engaging relationships.

People were supported by staff who treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People told us they were happy that they received personalised care and support.

People were enabled to carry out personalised activities and maintain their hobbies and interests.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were completed and reviewed in accordance with the persons changing needs.

Is the service well-led?

Good ●

The service was extremely well-led.

A range of quality audits and risk assessments had been conducted by the registered manager.

People and their relatives were regularly asked for their feedback to help drive continuous improvement.

Staff enjoyed their work and told us the management were always available for guidance and support.

Crossroads Care North West - Chorley & South Ribble

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.

The service was inspected 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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

At the time of our inspection of this location, 39 people used the service. We spoke with a range of people about the service; this included nine people who used the service either as the main carer receiving respite or the person they cared for. We also spoke with five care and support workers and the registered manager of the service. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; five peoples care records, four staff personnel records, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with said: "I feel [name removed] is safe and well looked after"; "I trust staff with my life, I trust them 100%" and: "I wouldn't live without them".

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment, which included DBS checks, to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

The service employed enough staff to carry out people's visits and keep them safe. The registered manager told us they would not take on people's care if they didn't have enough staff available to cover all visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely.

People told us the service was reliable. People also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness. One person told us: "There's not many staff changes at all, and I always know who's coming to see me".

Staff we spoke with told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time.

We looked at assessments undertaken for four people before the agency agreed to provide their domiciliary care package and found that safety checks and risk assessments were undertaken.

We looked at care records and found an overarching risk assessment in place, which covered areas, such as the risk of falls, in relation to steps, paths, flags and lighting. Further risk assessments were completed on an individual basis and covered social outings and behaviour management.

We found that care plans identified risk management in a person centred way. One person's care plan informed us about emergency medication procedures for that person and contained clear guidelines for staff to follow.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, some people needed support to move and transfer within their home. Information was provided to staff about how to provide this support safely.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure.

Staff files included staff competency assessments for the administration of medicines.

Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly.

Medication Administration Records [MARs] indicated that people received their medicines at the times specified. Records were signed and no omissions were found.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Is the service effective?

Our findings

We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, fire awareness, the mental capacity act and infection control. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities.

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "We get a lot of training and this always helps, it's a continuous learning environment". A new member of staff told us: "The induction here was brilliant and really informative".

People who used the service told us: "The staff know what they are doing and I wouldn't change them"; "Staff definitely know what they are doing I have no concerns there". And: "The staff are well trained and good at what they do".

Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We looked at people's care records and found comprehensive mental capacity assessments, with supporting best interests decisions where needed.

We found that staff demonstrated a good understanding of the MCA. We asked staff about their understanding of the MCA. Staff told us: "I have an awareness of MCA, it is to safeguard people who are unable to make decisions for themselves". And: "I have done training and understand the basics".

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

Care records held details of joint working with health and social care professionals involved with people

who accessed the service. One person's support plan held a very thorough assessment of their very complex needs, which gave clear guidance with regards to supporting this person.

We found multiple examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with other professionals and sought guidance when needed.

Is the service caring?

Our findings

We received consistent positive feedback about the staff and about the care that people received. Everyone that we spoke with, without exception told us they were treated with kindness by the care staff who supported them and that positive relationships had been developed. The staff we spoke to were passionate about their work and the people that they support.

People told us: "The staff are fantastic, really helpful"; "The staff are brilliant and really caring" and: "The staff are very caring about clients. We are not just a number, we are individual people to them".

One relative told us: "They [staff] feel more like friends than a service, very professional and very helpful".

The registered manager completes an assessment visit prior to any support offered. Staff were then matched to people who need support based on their skills, personalities, likes and dislikes. This is done to help facilitate a good working relationship and achieve the best outcomes for people who use the service. We spoke to three people who had used the service for over ten years as they were happy with the service provided.

Many of the people we spoke with told us that they benefit from regular staff who they knew well. People we spoke with said: "Staff go above and beyond". And: "The staff are really nice we know them and they know my wife very well".

One relative told us: "The staff are quick to let the family know about any issues, once my mum had an infection and had the staff not let me know she was out of sorts I wouldn't have known to get to her so soon". The staff were very familiar with the person they supported and were able to recognise the signs that something was not right and involve the family.

People told us how their relatives were given time during care visits to develop relationships with care staff. One person said: "The staff get involved in projects with my husband, they help with wiring, fixing equipment and even DIY". This allowed the relative respite time whilst knowing her husband was engaged in positive enjoyable activities.

Staff providing support understood people's individual needs and we were told by people that person centred care was central to their support services. One person told us: "One staff member knows all the television programmes mum likes to watch and she will go through the magazine for mum and put crosses next to them to jog her memory".

Staff we spoke with showed good awareness of confidentiality, privacy and dignity. Staff told us: "I treat people how I would want to be treated, we have to put ourselves in their shoes". And: "Knowing people well helps us care for them in a kind and dignified way".

Staff received training to help ensure they understood how to respect people's privacy, dignity and rights.

Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

The staff members we spoke with told us that they ensure that people are covered up as much as possible during personal care tasks.

Relatives had sent thank you cards and compliments to the service. One person thanked them for the life changing support they offer and for helping them feel content that their loved one was being cared for. A relative said: "The staff looked after my wife very well; they were perfect".

We saw that carers and people who were cared for were involved in the care planning process and that this documentation was person centred. Care plans were reviewed regularly and every time there was any change in need.

We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person said: "My care plan is very thorough and I am involved in this." And: "I'm fully involved in care planning and can make any changes."

This care plan approach helped to ensure that people were fully involved in the care plan process. The service was supporting people to manage their health and their condition by involving them in discussion. This resulted in shared decision-making and on-going support to enable staff to work in a more inclusive way with people who use the service in order that they could achieve their own goals.

Is the service responsive?

Our findings

We found that people's needs were being met in a person centred manner and reflected their personal preferences. People told us: "The staff take [name removed] to the park, which he enjoys". And: "Staff have a good understanding of my needs and know how to support me".

The manager advised us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with. We were also advised that the service were very careful to maintain a good level of continuity in respect of carers and this information was supported by our discussions with people who used the service.

There were clear assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. We noted that the assessment process always involved a visit to the service user's home and included the views of other professionals involved in their care, as well as input from their main carers.

Each care plan included a detailed social history, which gave an insight into the individual, their views on how they wanted their support to be provided and the things that were important to them. For example, one person's plan said: 'Staff may be required to send text messages for [name removed], which she will dictate'.

In addition to sending text messages staff supported the person to read and reply to emails and research topics of interest on the internet. This support helped to ensure the person could keep up with their wider support network.

Care plans included topics which the person may like to discuss in order to develop relationships with people. For example one person's care plan stated: '[Name removed] spent their life working down the pit. They played in a brass band and likes instruments'. All the staff had signed to say that they had read this person centred detail prior to visiting the person.

Another example of person centred care planning was one person's plan around how they liked their tea, it said: '[Name removed] enjoys a cup of tea in a small cup $\frac{3}{4}$ full, white tea with one sugar and a splash of cold water.'

People were supported by staff to access the community and minimise the risk of becoming socially isolated. One staff member told us how they made sure they were flexible with timings, so the person they supported could take part in their chosen activity.

The staff supported young people who use the service to attend local events for people with learning disabilities. These include weekly trips to a local youth club, a weekly disco and support to attend a local fitness group.

People were supported to attend local community facilities so that they could take part in the activities they enjoyed such as swimming, carriage riding and voluntary work. In addition the staff supported people to attend special events. An example included: staff supported someone to attend a wedding. The staff helped to support the person to get ready. Another example was of a staff member supporting someone to go on a cruise. This was facilitated by Crossroads Care North West to enable the person to take part in the holiday and also gave the carers some respite while they were away.

We viewed detailed daily care records, which gave an overview of the care provided at each visit. In addition, the records demonstrated that support was provided in line with the person's personal needs and wishes. There was evidence of some good social inclusion work documented.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. However, not one person we spoke with had made a formal complaint to the service. We checked the services internal records during the inspection and this confirmed that no formal complaints had been received.

People's care was delivered in a way that took account of their needs and the support they required to live independently at home. For example, one relative made the service aware that their loved one would benefit from photographs of the staff to help with their memory. The person now has photographs on display of the staff that regularly support her. The relative told us: "There is also a personal bit of information next to the pictures such as caravan, to further jog mums memory".

Another relative we spoke with said: "The staff bought a wipe clean board for Mum, this has helped her independence as it helps her to remember things and also the staff and family can use this for communication".

The service was flexible and responsive to changes in people's needs and went above and beyond to support the people who use the service and their families. For example, one relative told us that they needed help with applying for extra respite recently and the staff supported them to complete all the forms and ensured that the personal information was included.

The provider is a charity and raises money via charity events. These funds are then held as an 'emergency fund' for incidents where care and support is needed outside of local authority funding. An example of this was that someone had a fall and required extra time during the visit. Management made sure this could happen on the day and for a few visits following the incident. This ensured their care package continued to meet their current needs.

Is the service well-led?

Our findings

There was a positive and sustained culture at Crossroads Care that was open, inclusive and empowering. Staff were motivated and told us that management at Crossroads Care were excellent.

The positive culture was reported by all the staff members that we spoke with. Staff told us: "I love my job it's different". And: "The staff team are really nice and clients speak highly of other staff members".

Staff spoke highly of the provider. They told us: "This is the best company I have worked for"; "I wouldn't work for anybody else". And: "The company are the best, they are very professional".

Without exception people using the service, relatives and care workers all spoke very highly of the registered manager. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good.

Staff we spoke with told us: "Management support is really good, they are flexible, they understand you have a home life too"; "Management are approachable, it's the first time in any job I don't feel worried about approaching the manager, even with personal problems, they are very understanding". And: "The management team are always around and available to speak to".

The people who we spoke with who used the service also spoke highly of the management. They told us: "The manager goes beyond the line of duty to help out"; "I know I can contact them with any concerns and they would be dealt with". And: "The manager is very helpful, she will do anything she can for you."

We looked at policies and procedures relating to the running of the service. Staff were made aware of the policies at the time of their induction and had full access to them. The policies were reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation.

Crossroads Care had clear vision and values that were person-centred and that ensured people were at the heart of the service. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care. For example, the registered manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. Staff were kept informed in a variety of ways including staff meetings and supervision.

The registered manager also undertook unannounced spot checks to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided. The spot checks included reviewing the care records kept at the person's home to ensure they were appropriately completed, to check staff were arriving on time and that they had the appropriate equipment with them to safely complete the visit.

We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating, to encourage the staff team to provide good standards of care and support.

Staff told us: "We are listened to during meetings, we are all equal". And: "Staff meetings are really helpful to get together, gain information and share best practice. This benefits the clients".

We found that the service had a robust quality auditing system in place. The provider carried out audits to monitor the quality of the service. These included looking at visit records and medicine administration records to ensure they were completed correctly. An audit of care records was completed monthly.

Systems were in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent, mitigate and minimise re-occurrence.

We found no negative comments about the care or service when speaking with people and when looking at quality assurance documents, such as the annual surveys. The most recent annual survey had been completed in September 2015. The survey was returned by 19 people, ten of these said they were extremely satisfied with the service. Seven people were very satisfied with the service and one person said they were satisfied. One person did not tick any boxes.

The service held an annual strategy day to plan the direction of the business and this was attended by the board of trustees, Chief Executive Officer, senior and local management teams. In addition Board of Trustees meetings were held 6 weekly to look at driving improvements forward.

There was a strong emphasis on continually striving to improve. The registered manager was committed to continuous learning for herself and for care workers. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. The registered manager has started a new initiative within the service, which is called, 'Friendship Circle'. This is a dementia focussed service for the carers of clients with dementia, which is an area of need recognised in the area.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service.

We found the registered manager receptive to feedback and keen to improve the service. She worked with us in a positive manner and provided all the information we requested.

The CQC registration certificate was on display, along with a copy of the most recent inspection report. The service worked in a transparent way and showed commitment to keeping people who accessed the service up to date with any changes.