

Crossroads Care Cheshire, Manchester & Merseyside Limited

Crossroads Together Cheshire West & Wirral

Inspection report

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Date of inspection visit:
24 July 2019
29 July 2019
31 July 2019
01 August 2019

Date of publication:
13 January 2020

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 Cheshire West and Wirral is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 151 people including children at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, twenty-five people were receiving a regulated service.

People's experience of using this service and what we found

People were supported by staff that had been safely recruited and had received an induction and training suitable for their role. There were enough staff to meet people's needs and people told us regular staff visited them and had got to know them well.

People's needs were assessed before they were supported by the service. Each person had a care plan that reflected their preferences and routines. Care plans held sufficient information to guide staff on how best to meet people's needs and they were regularly reviewed and updated. People told us staff were kind, caring and compassionate. Staff had a good understanding of how to meet people's individual needs.

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

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. They told us they felt confident to raise any concerns they had about people's safety.

Medication was managed safely. Staff who managed medication had completed the required training and had access to medicines policies and best practice guidelines to support their practice. Medication administration records (MARs) were fully completed and regularly reviewed. Staff had received infection control training and followed good practice to minimise the risk of infection being spread.

People's privacy and dignity was respected and their independence promoted to the full. People spoke positively about the service and the staff that supported them. There were audit systems in place that identified areas for development and improvement. Governance systems were in place for the provider to have full oversight of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crossroads Together Cheshire West & Wirral

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and two experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We visited four people in their homes accompanied by their relatives. We spoke over the telephone with eight people who used the service and three of their relatives about their experience of the care provided. We spoke with the head of operations, manager, care co-ordinator and three care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and completed refresher updates.
- Staff understood how to report any safeguarding concerns felt confident prompt action would be taken.
- Up to date safeguarding and whistle blowing policies were in place.

Assessing risk, safety monitoring and management

- Risks to the health and safety to people were assessed and guidance put in place for staff to follow to mitigate the risk.
- Risks to people were regularly reviewed and risk management plans were updated as required.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment.
- People told us they received support from regular staff that knew them well. Comments included; "I have a couple of regular staff that visit me most of the time" and "The office staff never send anyone new without discussing it first and they are always introduced and complete a shadow shift."
- Sufficient numbers of trained and qualified staff were employed to meet the needs of the people supported.

Using medicines safely

- Staff that administered medicines had completed training and their practice was regularly observed.
- Medicines policies and procedures, as well as good practice guidance was available for staff to support their practice.
- Medicine administration records (MARs) were in place and had been fully completed. Regular medication audits were completed to ensure people received their medicines safely.

Preventing and controlling infection

- All staff had completed infection control training and followed good practice, including the use of personal protective equipment (PPE).
- Systems were in place to manage and control the prevention of infection being spread.

Learning lessons when things go wrong

- Accidents and incidents were clearly recorded, and details shared with the provider.
- These were reviewed by the registered manager and through the providers governance processes.

Accidents and incidents were analysed to identify any trends or patterns and action was taken reduce future risk of occurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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's needs were fully assessed prior to being supported by the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and care planning process.
- Daily records were consistently completed by staff and included details of all care and support undertaken in line with their preferred routines.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles.
- They completed an induction at the start of their employment and were provided with ongoing training to meet the requirements of the role and the needs of people supported.
- Staff undertook shadow shifts at each person's home to ensure they understood each person's preferred routines prior to lone working. Comments from people included; "New staff always shadow experienced staff before they visit by themselves" and "I feel very reassured that they never send anyone I haven't already met."
- Comments from people included; "Carers [Staff] are all very well trained."

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

- People were supported to eat and drink in accordance with their assessed dietary needs and personal preferences.
- People told us staff always asked what they would like to eat or drink at each mealtime.
- Comments from people and relatives included "[Staff name] always makes my breakfast and will ask what I like. What type of cereal, would I like jam or marmalade on my toast, tea or coffee? I like variety so do not always have the same thing" and "[Staff name] always asks where [Name] would like to go to eat when they are out in the community."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the Care and support they needed. The service referred people to health and social care professionals where appropriate.
- People told us that staff would contact the GP or district nurse when required
- People were supported to access their communities and undertake activities of their choice.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise.
- People were involved and consulted in all decisions about their care and support. Consent was recorded within people's care plan files.
- People told us that staff obtained their consent before completing any care or support. Their comments included; "I feel involved in everything. All the staff ask me if I am happy for them to bathe me or support me with my toileting needs" and "Staff never do anything I haven't agreed to. I never feel pressured by any of the staff."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion. Their comments included; "I am highly delighted with all the staff that visit," "The ladies [Staff] that visit are very kind and lovely to me. I really like them."
- Relatives told us that staff knew people well. Their comments included; "Two of the staff have been supporting [Persons name] for over five years, they understand all their needs." One person told us, "[Staff names] know if I am unwell or if I need peace and quiet. They truly understand my needs."
- Staff had completed equality and diversity training and understood the importance of treating people as equals.

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

- People told us they were regularly asked for their feedback. They said office staff regularly asked if they were happy with the service.
- People told us they were involved in decisions about their care and support wherever possible. This was done through regular care reviews involving the person.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and dignity. Comments from people included; "Staff are always mindful of my dignity and keep me covered up" and "Carers [Staff] always keep my curtains closed while they assist me."
- Relatives told us that people were consistently offered choices. Comments included; "Carers [Staff] always ask [Persons name] what activities they would like to do and always come with suggestions to support the decision" and "[Person's Name] decides what they will wear, if they want a bath, shower or wash etc, this is so important to them."
- People's independence was respected and promoted. One person said, "The carers [Staff] encourage me to do as much as I can for myself and they do the bits I can't do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support from staff that knew them well. People told us they had regular staff, so they had continuity and consistency. Comments included; "[Staff Name] is really good company and always has an eye on my welfare" and "It's like having royalty looking after my daughter, they know exactly what they are doing."
- Care was planned in a personalised way. Care plans took account of people's choice and preferences, likes and dislikes and they were regularly reviewed. When required care plans were updated to reflect any changes in people's needs or their choice or preferences. .

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information to meet their communication needs. Staff understood how people communicated and used appropriate methods when communicating with them.
- Care plans guided staff on how to support people to enhance their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to access the community to participate in activities of their choice. Comments from people and their relatives included; "I like the cinema and bowling, it's fun" and "[Name] loves going out with carers [Staff] as they have such fun. They always offer a choice of activities."
- Relatives told us that staff supported them and always asked if they were okay as well as the person being supported. They said this was important to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint and felt this would be listened to and acted upon.
- The registered provider had a complaint policy and procedure which people told us they had a copy of within the care plan file.
- Complaints were investigated and responded to in line with the complaints policy. The provider analysed any complaints received and used them to improve the quality of the service.

End of life care and support

- Staff described how they would support people at the end of their life to be comfortable and have a pain free and dignified death.
- At the time of our inspection the service was not providing end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff team had clear roles and responsibilities within the service that they understood.
- The staff and management team had developed positive relationships with the people they supported and their relatives.
- People received individualised care that was regularly reviewed with their involvement where possible.
- Policies and procedures were available and regularly reviewed and updated.
- The ratings from the last inspection were displayed at the service and on the providers website in accordance with regulatory requirements.
- Audit systems were used to highlight areas for development and improvement.

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

- People, their relatives and staff were asked for feedback about the service. This information was used to develop the service.
- Staff meetings were held throughout the year and staff told us their views were encouraged and acted upon.
- A new manager was in post and they had applied to the Care Quality Commission to become the registered manager.

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

- The service worked positively with people, their relatives and healthcare professionals. Positive feedback had been received. Comments from people included; "I am very happy with the service, I do not want to change anything, I want to keep it forever" and "I am really happy with Crossroads, they are a good company."
- Staff told us they felt fully supported by management and the office team. They said they were confident that any concerns they had would be listened to and promptly acted upon.

Continuous learning and improving care

- The staff and management team received regular training and support relevant to their roles. This ensured

their practice remained up-to-date and safe.

- Accidents and incidents were reviewed and analysed. Learning was highlighted, and actions were taken to minimise or mitigate future risk.
- The provider had full oversight of the service through its governance processes.

Working in partnership with others

- The management team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and Commissioners so that people received person centred care and support to meet their needs and choices.