

Crossroads Care Cheshire, Manchester & Merseyside Limited

Crossroads Care Cheshire East

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 Cheshire East is a domiciliary care agency. It provides personal care to adults and children living in their own houses and flats in the community. At the time of the inspection it was providing personal care to 41 people.

Not everyone using Crossroads Cheshire East receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

Overall people were positive about the service. People felt safe and well supported. They told us they received reliable care from familiar staff who understood their needs. Staff treated people with dignity and respect and took account of their individual needs when providing care and support.

People were supported by well trained staff who had their competency checked by the management team on a regular basis. Staff supervision sessions had taken place; however, the provider had identified some of these needed to be carried out more frequently.

The service was responsive to people's changing needs and staff promoted choices. Care and support plans were in place and included details about people's likes and preferences. However, some records needed to include further details. The provider was aware and addressing this.

People were involved in decisions about their care and were able to provide feedback. Reviews were held with people and their relatives. The provider had identified that some reviews had not been held as often as they should and was addressing this.

People said that communication with the office had deteriorated due to the number of staff changes. However, everyone felt able to raise any concerns should they need to and had appropriate information about the complaints procedure.

The provider had systems in place to monitor the service and the quality of the care. They were restructuring the management team and were advertising for some new staff. Monitoring of the service had identified some areas where they could improve, such as records and systems and action was being taken to address these areas.

Rating at last inspection: Good (Published 20 July 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner

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

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 Care Cheshire East

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 was carried out by one adult social care 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. Their area of expertise is older people and dementia care.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. There was no registered manager at the time of the inspection.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available at the office. We also needed to make arrangements to make contact with people to seek their feedback.

Inspection site visit activity started on 13 March 2019 and ended on 15 March 2019. We visited the office location on the 13 and 15 March to see the manager and staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed the information we held about the service. This included notifications

sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in their Provider Information Return (PIR). 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. We used this information to plan the inspection.

We spoke with five people who used the service and five relatives. We also spoke with staff including, the head of operations, one care co-ordinator and three care support workers.

We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- At our previous inspection we found that safeguarding procedures had not always been robustly followed. At this inspection we found the required improvements had been made.
- Staff demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing.
- Records showed that safeguarding procedures were discussed with staff within staff meetings and supervision meetings.
- Safeguarding training was delivered to care workers on a regular basis.
- There had been no recent safeguarding concerns raised against the provider.

Assessing risk, safety monitoring and management

- Risk assessments provided guidance for staff to follow. Risk assessments contained information about individual and environmental risks, there were separate assessments for behaviours which challenged, safe handling and social outings.
- The head of operations had identified that further improvements were required to ensure all safe handling assessments were in place and we found some aspects of risk had not been identified within the assessments. However, any action staff needed to take to reduce the risk were included within care plans.
- Staff were knowledgeable about identified risks and told us how they supported people safely. Risks to people were reviewed and action taken. For example, where a person had experienced some falls, measures had been put in place to help reduce this risk
- There was business continuity plan in place for the service to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- People told us they felt safe and well supported. Comments included, "I think the care support workers are excellent. It's familiarity, I have only been having three different carers over a two-week period"; "They do take care. I feel safe and my husband feels safe when he has to go out" and "They are not normally late. They don't appear rushed. They are relaxed, friendly, chatty and helpful and they do everything right."
- There had been a high turnover of staff and recent changes to the management team. The provider was in the process of recruiting staff into a number of roles. Where there were staff absences, colleagues were able to cover these calls.
- People were usually supported by familiar staff and told us the service was reliable.
- The provider was addressing staff absence issues and had re-introduced procedures to manage this more effectively. Improvements had also been made to the scheduling system.
- Systems were in place to monitor the service people received. An electronic call monitoring system had

been implemented to monitor the times and lengths of calls people received.

- The provider followed appropriate procedures when recruiting staff to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People were supported to take their medicines in a safe manner.
- Staff were trained to administer medicines safely and their competency had been checked. However, competency checks were not taking place at regular intervals. The head of operations assured us that ongoing checks would be introduced alongside the annual refresher training.
- Staff completed medicine administration record (MAR) charts when they supported people with medicines.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection

- Staff had received training to understand appropriate infection prevention and control procedures.
- Staff had access to and used equipment such as gloves and aprons, to help reduce the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff through a reporting form.
- The head of operations had recently delivered training, to ensure staff fully understood the procedure and took the appropriate follow up action in response to any incidents.
- The provider had regular oversight of any incidents to help identify any themes or trends and to learn lessons for future practice.

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

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 assessed before the service began to provide support. The assessments focused on what outcomes the person would like to achieve. Carers needs were also considered.
- Some of the assessments viewed contained brief information with tick box answers. However, a new assessment form was being implemented. This encouraged staff to gather and record more detailed information about people's care needs.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction, which included shadowing experienced staff, before they started working at the service. They also completed the Care Certificate. This is a set of 15 standards that health and social care workers should follow.
- There was a training manager who ensured staff undertook the required training and completed regular refresher training. A new training programme for first line managers was being developed. Specific training had also been provided around autism and behaviours that challenge.
- The management team carried out competency checks and spot checks to monitor staff practice.
- Staff were very positive about the training and support they received. One staff member told us, "The training is top notch."
- The provider had identified that whilst staff had received one to one supervision sessions with their manager, these had not always been carried out as frequently as expected by the service. This was currently being addressed.
- The management team discussed any policy or procedural updates with staff during staff meetings.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- Staff told us they respected people's preferences when preparing meals and asked what they wanted to eat or drink.

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

- The service worked closely with health and social care professionals to provide effective care.
- Staff kept detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand any changes in the person's care.
- People were supported to maintain good health and had access to external healthcare support as necessary.

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.

- The head of operations told us that everyone currently receiving personal care had the capacity to make their own decisions and choices.
- Consideration was given to people's mental capacity within their assessments
- People's consent was sought and agreed before support was provided, we saw that people had signed their care and support plans.
- Staff had been trained in the MCA and told us they supported people to make their own decisions and if they had any concerns about a person they would report this to the manager.
- The service referred any concerns to the local authority where a capacity assessment or best interest decision was required about their care and support.

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

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 and their relatives were positive about the way they were supported by the staff. Comments included, "They are all very kind." "I think they are very professional, but friendly as well" and "She's absolutely brilliant [regular staff]."
- People told us staff had time to meet their needs in an unrushed manner.
- Where possible people were supported by regular staff, which took into account their preferences, such as whether they preferred a male or female carer. This helped people develop good relationships with staff who they trusted and understood their wishes.
- Staff received training in dignity, diversity and equality. Staff understood the importance of treating people as individuals. People's religious and cultural needs were included in their care and support plans.

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

- People were involved in decisions about their care and staff told us they always offered choices and never made assumptions about people's wishes.
- People and their relatives were involved in developing and reviewing their care and support plans.
- People were sent rotas if requested, so they knew who was supporting them each day. Some people commented that communication with the office staff was not as good as previously due to staff changes.
- The service recognised that it needed to be adaptable to meet people's different communication needs. Technology was being used in some examples to support people's communication needs. Care and support plans took into account people's communication needs. Information was also available in alternative formats as required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. They said, "When he walks from the bathroom to the bedroom they wrap a towel around him. They close the bathroom and bedroom door," and "They give me a towel or my nightie. They always give me something to hold in front of me."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them.
- Where possible staff supported people to be as independent as possible. Care and support plans reflected this approach.

Is the service responsive?

Our findings

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

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 received care which took account of their individual needs and preferences. People told us, "I don't feel as if they dictate anything to me" and "They never take over and they ask first."
- Care plans contained some personalised information and detailed daily routines specific to each person. The management team were working on care plans to make further improvements.
- Staff knew about the support people needed and understood their likes and dislikes. One staff member told us "Every care plan is person centred, they are all individuals."
- People had been involved in reviews of their care. However, the frequency of these varied and some face to face reviews had not been carried out for some time. Where a review had been carried out we found the details were not well recorded and changes were not reflected in the person's risk assessment. The head of operations had identified this through a recent audit and steps were being taken to address this.
- Staff were responsive to changes in people's needs. One person's care needs had recently increased and the service had worked with the local authority to provide an increased level of support

Improving care quality in response to complaints or concerns

- People felt able to raise any concerns or make a complaint if necessary, they told us, "I have never had to make a complaint, but if I did you would ring the office and ask to speak to [name]" and "Yes, no problem. I tend to contact them by email. I have asked for early calls to be adjusted."
- Each person was given a service user guide which advised them how they could complain and this was also discussed with people at the start of the service
- Four complaints had been received over the past 12 months. Records demonstrated that these complaints had been dealt with appropriately, following the provider's procedures and used to improve practice.

End of life care and support

- The service provided specific palliative care and worked alongside healthcare professionals such as Macmillan nurses to provide this care.
- Care and support plans demonstrated people were given the opportunity to discuss end of life wishes if they chose to. This information would be used to develop future care and support for people when required

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was currently no registered manager in place. The previous manager left shortly prior to this inspection and the head of operations was managing the service. The organisation was restructuring the management team and were recruiting to these roles.
- The head of operations had a good understanding of the management of the service and their regulatory requirements. They demonstrated a proactive approach and were focused upon making continued improvements to the service.
- Crossroads Cheshire East is a registered charity and the ethos and values of the organisation were vital to the way the service was run. The service was governed by a Board of Trustees who had close oversight of the quality of the service.
- The provider's systems to monitor the service were effective. The head of operations explained that areas had been identified for improvement and action had been taken or was in progress. In the main, any issues highlighted during the inspection were already in the process of being addressed.
- The service had policies and procedures in place which staff could access if they needed any guidance. The policies and procedures were up-to-date and regularly reviewed. Any updates were shared with staff in team meetings and supervisions.
- Staff were clear about the values of the service and the management team promoted a person centred and open culture.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. There had been no recent notifiable incidents. The head of operations was aware of her responsibility to submit notifications as required. The latest inspection rating was on display as required.

Continuous learning and improving care

- Systems and audits were in place to monitor the quality of the service, these included audits of MARs, daily records and care plans. Other checks were also carried out.
- The head of operations had recently implemented an action plan following an audit of the service. This had identified some areas for improvement, especially around the use of recording systems. She demonstrated a proactive approach during the inspection and was keen to act on any suggestions to make improvements.
- Colleagues from the providers other locations, were offering mentoring and support to help achieve consistency with the use of systems and processes.

- The provider was developing a new audit tool and planned for their different locations to work more closely together and learn from each other

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

- People were aware of a number of staff changes and were unfamiliar with some of the office staff. A few people felt that communication with the management team could improve, as some people were unclear who the current manager was.
- People were asked to provide feedback through an annual survey. We saw there had been some positive comments from the latest survey. People's views were also sought through review meetings and spot check visits.
- The provider sent out a newsletter to people and staff on a regular basis. A yearly calendar was also sent to people which contained relevant information about the service and feedback from recent surveys.
- Staff meetings were held on a regular basis and staff told us that they were able to provide feedback. One staff member told us, "The training is excellent, they are forward thinking and listen to any changes or feedback."

Working in partnership with others

- The management team worked in partnership with other agencies to achieve good outcomes for people. This included working in partnership with healthcare professionals and commissioners of services.