

Crossroads in East Lancashire Limited

Crossroads in East Lancashire

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

Crossroads in East Lancashire is registered to provide personal care to children and adults living in their own homes. It specialises in providing support to carers who care for a relative / friend and gives carers the opportunity to have some time away from their caring responsibilities. It provides a flexible 24-hour service around the needs of people supported and their main carers. At the time of the inspection, 20 children and 154 adults were using the service.

The last inspection was carried out on 30, 31 July and 3 August 2015. Whilst we rated the service as overall "Good", we found there were shortfalls in the recruitment of new staff and noted not all notifications had been submitted to the commission without delay. During this inspection, we found the necessary improvements had been made and the service was meeting all the current regulations.

People using the service consistently told us they felt safe and staff treated them well. Safeguarding adults' and children's procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

Staff arrived on time and stayed for the full time allocated. The registered manager ensured there were sufficient staff available to cover for staff leave in order to ensure there were no missed visits.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored as appropriate.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the staff were kind and caring. People were actively involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People told us they usually received care from a consistent group of staff. People were aware of the complaints procedure and processes and were confident they would be listened to.

People were provided with a safe, effective, caring and responsive service that was well led. Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care.

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 were trained to recognise any abuse and they knew how to report any concerns.

There were enough staff available to provide flexible support and to keep people safe.

Risks to people's wellbeing and safety were being assessed and managed.

Safe recruitment procedures were followed and processes were in place for people to receive support with their medicines.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains good.

Crossroads in East Lancashire

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 checked 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.

We visited Crossroads in East Lancashire on 22 and 23 August 2017. The provider was given 48 hours' notice. This is because the location provides a domiciliary care service and we needed to be sure that someone 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 the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we contacted the local authority contracting unit for feedback and contacted nine health and social care professional staff. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

In addition, we sent satisfaction questionnaires to 50 people using the service and 50 relatives; we received 23 completed questionnaires from people and five from relatives. 58 questionnaires were sent to staff and 20 were returned and 31 questionnaires to professional staff with four returned.

During the inspection, we spoke with six people using the service, four relatives and three staff over the telephone. We also spoke with the registered manager, the care manager and the team leader during our

time spent in the agency's office.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for five people, medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

Is the service safe?

Our findings

At our last inspection, we found the provider had not submitted all the necessary notifications to the commission following incidents in the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to ensure all notifications were submitted without delay. During this inspection, we found the necessary improvements had been made.

We checked the incidents records and noted we had been notified of all incidents as necessary. The registered manager had also sent us detailed updates following the notifications so we were fully informed of any ongoing developments.

At our last inspection, we found the provider had failed to operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We checked three new members of staffs' files and noted appropriate checks had been carried out before they started work. We saw the staff had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The provider had also ensured the staff members had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the care manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they had adequate time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. People confirmed the staff arrived on time and did not cut the visit short. One person told us, "The carers arrive as arranged and have never let me down." The registered manager confirmed there had been no missed visits. All people told us they received care from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

All people spoken with told us they felt safe receiving care from staff at the agency. One person told us, "I trust every one of my carers a million percent. We really couldn't have a better group of carers" and another person said, "The carers are lovely, helpful and totally trustworthy." Similarly, relatives spoken with expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. Staff spoke about the importance of promoting and maintaining people's safety and described the steps, they took as part of everyday practice to ensure people were safe. For instance, staff told us that where appropriate they left people's houses secure on leaving.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe, which included moving and handling, infection control and first aid.

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

We saw records were kept in relation to any accidents or incidents, along with a central log. The registered manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. We noted all actions taken were recorded on the accident forms. An analysis of the records was carried out each month in order to identify any patterns or trends. The Board of Trustees also discussed all accidents and incidents during their monthly meetings.

Staff were provided with personal protective equipment, including gloves and aprons. Emergency, accident and on-call procedures were summarised in the staff handbook. This meant there were processes in place to help minimize risks and keep people safe. There was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. People were also given a telephone contact number for any difficulties during and out of hours. One person told us, "Every time I have rung whether it was in or out of hours, they have always responded immediately."

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated once a year or more often if people's needs or circumstances changed. We saw service level risks had also been assessed for instance working in the office, slip, trips and falls, the use of hazardous substances and lone working.

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their care plan along with guidance on the management of any risks. We noted a risk assessment was carried out; however, this did not cover all aspects of the management of medicines. The registered manager assured us the risk assessment documentation would be reconsidered with a view to updating as necessary. All staff had completed appropriate medicines training and had access to a set of policies and procedures. There were suitable records in place to record the administration of medicines and staff were observed on a regular basis to ensure they were competent to manage medicines safely.

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The carers are absolutely marvellous. They are so considerate of us" and another person commented, "I'm happy with everything they do. I have no problems whatsoever." Relatives spoken with also made positive comments about the service, for instance one relative told us, "They employ very good carers and invest in their training. They are all lovely" and another relative commented, "The staff are great. They must have very good training because they know exactly what they are doing and do it to a high standard."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records, we found staff were suitably trained to help them meet people's needs effectively. All new staff completed induction training based on the Care Certificate when they commenced work with the agency. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. New members of staff also completed a period of up to three weeks shadowing experienced colleagues before they started to work as a full member of the team. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period of six months, during which their work performance was reviewed at regular intervals.

There was a rolling programme of training available for all staff, which included safeguarding children and vulnerable adults, infection control, dementia care, fire safety, compassion and dignity, person-centred care and the Mental Capacity Act 2005. The registered manager delivered the training during monthly staff meetings by use of training materials provided by Skills for Care. Prior to the meeting, staff were sent copies of the pertinent policies and procedures. Representatives from the Red Cross and the Alzheimer's Society had also been invited to provide the staff with training. Staff had completed specialist training as appropriate in line with people's needs, for instance stoma and catheter care, peg feeding and advanced dementia care. All staff spoken with told us their training was beneficial to their role.

Staff received regular one to one supervision, which included observations of their practice, as well as an annual review of their performance. They told us they had the support of the registered manager and senior staff and could discuss anything that concerned them.

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. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. People using the service confirmed this approach, for example one person told us, "They [the staff] step back and ask me if I want any help. They are always very respectful."

We saw consent forms were used by the agency to demonstrate people's agreement with the support provided. People's mental capacity to make decisions was considered as part of the assessment and care planning processes. However, there was no mental capacity screening tool or assessment used at the time of the inspection. This is important in order to identify if the person requires support to make decisions about their care. We discussed this situation with the registered manager during the inspection. He assured us a suitable assessment would be implemented to complement the current care planning processes.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records that staff had received food safety training. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. One person told us, "The carers always ask what we want and know exactly how we like things cooked." Food and fluid charts were used when people's dietary input required monitoring.

We looked at the way the service provided people with support with their healthcare needs. We found staff were provided with guidance in people's care plans, on how to monitor and respond to specific healthcare symptoms. The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about children's or people's health or well-being. The care manager told us they worked very closely with district nursing teams and schools to ensure people and children received co-ordinated and effective care.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person said, "The carers are absolutely wonderful. They are so caring and kind" and another person commented, "The carers are superb. I can't sing their praises high enough." Relatives spoken with were also complimentary about the approach taken by staff, for instance one relative said, "I think they are just brilliant. I'm extremely happy with the carers and the service." During our time spent in the agency office, we observed staff answered people's telephone queries in a sensitive and understanding manner.

Staff spoken with understood their role in providing people and children with person centred care and support. For instance, the registered manager described how staff had worked patiently to understand the complex needs of one person, who at first was reluctant to let the staff into their home. Over time, the staff supported the person to regain their confidence so they were able to go out again in the local community and lead a more varied lifestyle.

Staff were aware of the importance of maintaining and building people's independence as part of their role. On reflecting on their approach, one staff member told us, "It's part of the Crossroads ethos to encourage people to do as much for themselves as possible. It's so important for their self-esteem and well-being." This way of working was appreciated by people using the service, for instance one person told us, "I like the fact the carers step back and ask me what help I want. They are always so respectful and understanding."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People, and where appropriate families, were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "They listen to what I want and how I want it doing. I find them very amenable and helpful."

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. One person told us, "The staff are very professional and make sure I am covered up when they are helping me in the bathroom." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and we noted regular unannounced observations were carried out to ensure staff were adhering to best practice.

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews, unannounced observations and the customer satisfaction questionnaire. People were given an information file, which contained a service user guide as well as their care plan documentation. The service

user guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service. People were also given information advising where they could access advocacy services.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. Prior to the inspection, we received the following feedback from a social care professional, "I have personally witnessed numerous instances when both Crossroads care staff and managers have 'gone that extra mile' to provide a very high standard of care."

Is the service responsive?

Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People confirmed they had a care plan and said they felt part of the care planning process. One person commented, "I've discussed my care plan in detail and I'm happy with everything they do for me" and another person commented, "The carers follow my plan and they check on a regular basis if everything is still going okay."

We looked at the way the service assessed and planned for people's needs, choices and abilities. According to information in the PIR (Provider Information Return), the agency responded to referrals within one day and contacted the person and their carer to make arrangements to carry out the relevant assessments and discuss care requirements. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care and support plan was developed with the full involvement of people using the service. We looked at five people's care plans and other associated documentation during the inspection. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered.

With the exception of one person's care plan, there was documentary evidence to demonstrate the plans had been reviewed at least once a year or more frequently if there had been a change in need. People and their relatives spoken with confirmed they had been actively involved in the review process. We noted there had been a delay in reviewing one person's plan and arrangements were made to visit the person and review the plan during the inspection.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the senior staff of any changes in needs in a timely manner.

Records of the care and support provided to children and people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people and children were referred to in a respectful way.

People and children were supported to access community facilities and pursue leisure interests in line with their care plan. The agency organised and ran various different activities, which offered specialist support. These included two hour respite care sessions for people living with dementia, the Rossendale Memory Choir and the Saturday Club for young people with disabilities. People were also supported to go swimming, attend a crown green bowling club, participate in a baking club and take part in metal detecting. This greatly reduced the risk of social isolation and promoted health and well-being. Staff participated in a wide

variety of activities with people and children inside their homes as part of routine practice.

The agency's complaints process was included in information given to people when they started receiving care. People spoken with were aware of the service's complaints procedure and processes and were confident any concerns would be listened to. We looked at the complaints record and noted the manager had received four complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant.

The registered manager had analysed the themes of the complaints and had implemented actions to help alleviate a reoccurrence. This had included ensuring people were fully informed about any change in staffing when their regular staff member was away on holiday.

The registered manager and management team worked closely with other social care and healthcare professionals as well as other organisations to ensure children and people received a consistent coordinated service. For instance in the event of a medical emergency whilst providing care, the staff supported children and people in Accident and Emergency until they either returned home or were admitted to the hospital. Information was shared after gaining consent from the person or parent.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the agency. For instance, one person said, "I have no concerns about the agency. I think they all do a very good job" and another person commented, "I think everything runs smoothly. I'm very satisfied with everything and would recommend the service to anyone." We also received good feedback about the service from the satisfaction survey we carried out before the inspection. For example, one person wrote, "A fantastic care company."

There was a manager in post who was registered with the commission. 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 committed to the continuous improvement of the service and had a good understanding of people's needs. He described his achievements in the last 12 months as increasing the monitoring and supervision of staff, successfully managing new packages of care and being more responsive to accommodate changes in care provision. The registered manager also told us about his priorities over the next 12 months which included, developing a website in conjunction with a local college, developing forums for people and their carers and further embedding the principles of the Mental Capacity Act within the care planning processes. The registered manager had also set out planned improvements for the service in the Provider Information Return.

There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. We observed that staff were encouraged to call into the agency's office and were made welcome by management team.

We saw regular unannounced observations were undertaken to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete customer satisfaction questionnaires. We looked at the results of the survey carried out in April 2017 and noted people indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had written, "The service is exceptional" and another person had written, "I am very happy with the support I get. Everyone is very pleasant and helpful."

The registered manager and the management team also carried out regular checks and audits in order to

monitor the quality of the service. These included checks on records and files, staff training and supervision and accidents and incidents as well as an analysis of complaints and comments. Systems were in place to identify and respond to any shortfalls. Visits to people's homes were monitored by analysing the data from the computerised telephone tracking system which staff used each time they visited a person's home or by the visit records.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

The registered manager was supported in his role by the Board of Trustees. He met the Trustees on a monthly basis and prepared a detailed report on the status of the agency for each meeting. A Trustee was involved in the recruitment of new staff and visited the service at least every two weeks. They also attended all meetings with staff.