Crossroads Care Cheshire, Manchester & Merseyside Limited

Crossroads Care Bury, Manchester and Tameside

Inspection report

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Date of inspection visit:
29 September 2016
04 October 2016

Date of publication:
25 November 2016

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

This was an announced inspection, which took place on 29 September and 4 October 2016. This is the first inspection of the service since the provider changed to the Carers Trust.

Crossroads Care Bury, Manchester and Tameside is registered to provide personal care to people in their own homes. At the time of our inspection, the service was only providing the service in the Bury area. Crossroads Care Bury, Manchester and Tameside is part of a national charity and supports family carers to enable them to continue to look after relatives of all ages who have a disability or life affecting illness. Crossroads is a not for profit organisation.
Crossroads provides carers with flexible short breaks and personal care services for the people they care for. At the time of our visit, the service was supporting 52 adults and 25 children with various personal care needs. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The service had a registered manager in place. 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.

People told us they felt safe using the service. Staff we spoke with were able to recognise and knew how to respond to should they suspect that abuse was happening. There were robust recruitment procedures in place to help ensure that people were supported by staff who were suitable to work with vulnerable children and adults.

People received very good continuity of support from reliable staff who knew both the family and the person they were caring for very well. Staff had the time they needed to support people in an unhurried way.

Individual and environmental risks had been identified as part of the assessment and care planning process.

Systems were in place for the safe management of medicines as well as infection control and protection procedures.

Carers and where able those they were caring for were actively involved in the assessment of care and support needs to ensure their views and choices were respected. People who used the service and their families were also actively involved in developing their care plan to help ensure that personal preferences were taken into account.

Staff we spoke with had an understanding of the Mental Capacity Act and how to ensure that people's rights were protected.

The provider ensured that staff had the knowledge and skills they needed to support people safely and effectively. Staff we spoke with told us that there was good communication and teamwork and they were supported well by the management and office team.

We saw that carers, young carers, trustees and volunteers could access training about specific health needs and also other training such as reminiscence therapy and the grieving wheel.

People told us that they thought that reliability, flexibility, continuity and familiarity provided by the service were essential to them. One person being cared for said that the service was, "Reliable and provides good continuity which is important. I feel safe with them and they respect that this is my house." Another person said, "They get to know both you and your family."

Parents told us about how the support they received from Crossroads enabled them to have quality time with the cared for child's siblings, with school and outside the home activities. They said this time was very important to them and helped to enhanced day-to-day family life.

The service worked in partnership with many other organisations and agencies within the local community. They actively supported the Musical Memories group for people with dementia and their families. This helped to promote community presence and reduce people's sense of social isolation.

As part of their care records people were given information as to how they could make a complaint about the service.

The registered manager was committed to continuous improvement. The recent notifications we had received where negative concerns had been raised showed that the registered manager carried out a thorough investigation and identified what action needed to be taken to prevent the incident reoccurring.

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 members had received training on safeguarding adults and children. They were able to demonstrate what action they should take if they witnessed or suspected abuse was taking place.

Staff were safely recruited to help ensure vulnerable adults and children were supported by staff who were of suitable character and integrity. There were enough staff and available to support people.

Individual and environmental risk assessments were undertaken to ensure people were safely supported by staff.

Systems were in place for the safe management of medicines and the control and prevention of infection.

Is the service effective?

Good

The service was effective.

People who used the service and their families where appropriate were fully involved in the initial assessment so their views, opinions and choices could be incorporated in the care and support plan.

Staff we spoke with understood their responsibilities around the MCA and the need to ensure they sought consent before carrying out personal care tasks.

Staff received the training they needed to support children and adults effectively, including specialist training as required. We saw that carers, young carers, trustees and volunteers could access training.

Is the service caring?

Good

The service was caring.

People told us that they received reliable, consistent and flexible support from staff who knew them well and this was important

to them.

The support parent carers received from the service enabled them to spend more time with other siblings.

Is the service responsive?

Good

The service was responsive.

People's care, support needs and personal preferences were kept under review to ensure people's needs were being met.

The service worked in partnership with other organisations. They actively supported a local music group for people with dementia and their families. This helped to promote community presence and reduce people's sense of social isolation.

People had access to the services complaints procedure and felt confident to raise any concerns that they had.

Is the service well-led?

Good

The service was well led.

The service had a manager who had recently registered with us.

Systems were in place for monitoring the safety and quality of the service. We saw from recent notifications we had received that the registered manager had carried out a thorough investigation and introduced changes in practice to help prevent incidents happening again.

Staff spoke positively about working for the service and the support they received from the management and care co-ordinator team.

Crossroads Care Bury, Manchester and Tameside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection, which took place on 29 September and 4 October 2016. In line with our current methodology, we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care and we needed to be sure that the registered manager would be at the office. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection, we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also asked the local authority safeguarding and commissioning teams for their views on the service. They raised no concerns.

During our inspection, we spoke with the registered manager, the head of operations, two support coordinators and three support staff. With their permission we visited two parents, a relative and the person they cared for and a person who was supported in their own home.

We looked at four people's care records. We also looked at a range of records relating to how the service was managed, including three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People we spoke with said they felt the person cared for was safe with staff. We saw that staff received training in safeguarding adults and children. The staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the registered manager of the service would deal with them appropriately. We saw there was a safeguarding concerns log, which included service improvements made as a result of any investigation undertaken.

We looked at three staff personnel files and saw that the required recruitment checks had been carried out which included the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. A person who had used the service for a long time said, "The staff are very nice. I think Crossroads is good at recruiting the right people."

We were told by the registered manager that the service was fully staffed and no outside agency staff were used. We saw from staff rotas that people who used the service had support from regular staff who knew them well. People we spoke with told us that they received a reliable and consistent service which was important to them.

We saw that when Crossroads advertised for staff they stated they were looking for people with a passion for delivering high quality care. They stated they valued diversity and encouraged applications from all age groups and sectors of the community. New staff were always introduced to the carer and the cared for before they started to provide personal care and staff wore identity badges so people knew who they were.

We saw the service had a procedure for recording accidents and incidents. Records were entered in a computerised logging system under client's events so that they could be viewed by the organisation. This helped the service to check for any trends and patterns in any incidents that had happened.

We saw that there were a range of risk assessments in place depending on people's individual needs, for example, safe handling assessments. Records we looked at showed there was a system in place for carrying out environmental health and safety checks in each of the homes and that equipment was appropriately serviced and maintained.

People told us that the staff used personal protective equipment (PPE) including disposable gloves and aprons. Staff confirmed that they never ran out of PPE. Training records showed that all staff received training in infection prevention and control.

Staff were sometimes responsible for administering or prompting people to take their medicines. We saw that all staff received training in the medicines policy and procedure. Staff also had a basic knowledge about the practicalities of administering medicines. We saw that, following a recent error around the

administration of medicines, the registered manager had carried out a thorough investigation and introduced new measures to prevent a reoccurrence of the event.

Good

Is the service effective?

Our findings

We saw that there were referral and assessment forms for adults, children and young people. Assessments were usually carried out by the registered manager or one of the four care co-ordinators.

We were told that the service had their own dedicated trainer who had worked at the service and for the organisation for many years. The training manager worked with a training provider who won the Skills for Care Provider Award in 2015/2016. They supported staff with customer service, business administration, health and social care for adults and children and young people as well as management and leadership training.

We saw that the new staff received a four day induction training programme before they started to support people with personal care. The induction training covered the organisation's history, aims, values and ethos as well as personal care, first aid, food hygiene, medication, confidentiality, safeguarding, moving and handling and communication and managing behaviours. We saw that staff received regular refresher training in these areas and a plan was in place to show by which date this training was required.

We saw records that showed staff received regular supervision from their line manager; this was confirmed by the staff we spoke with. We saw that there were clear objectives for staff to meet which included, the delivery of care, flexible working, communication, presenting a professional image, attending team meetings, attending training and adhering to the organisation's policies and procedures.

Staff we spoke with said, "We are an excellent staff team," "We are a very good staff team and are very supportive of each other." A staff member who had previously worked for another agency said, "I couldn't believe the training and I was shocked when I was taught the right way to do things."

We checked whether the service was working within the principles of the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection no-one was being deprived of their liberty.

We found the service was working within the principles of MCA and people's rights and choices were respected. Records showed that staff had received training in MCA. The registered manager and staff we spoke with had an understanding of MCA and were able to tell us how they involved people in decisions about the care they received and how they ensured people gave consent before care was provided.

Where people had specific health needs then staff received training from healthcare professionals, for example, a community nurse. Training included the use of PEG feeds and rescue medicines for epilepsy. We saw that staff, carers, young carers, trustees and volunteers could access training about specific health conditions, which included epilepsy, diabetes, dementia, autism, multiple sclerosis, cancer, learning disabilities and mental health.

Good

Is the service caring?

Our findings

People told us that they thought that reliability, flexibility, continuity and familiarity provided by the service were essential to them. One person being cared for said that the service was, "Reliable and provides good continuity which is important. I feel safe with them and they respect that this is my house." Another person said, "They get to know both you and your family."

People were supported by staff who knew them very well and this was very important to them. The registered manager told us that they retained staff and many had worked at the service for many years. People we visited confirmed that this was the case. One person told us that they had known one member of staff who visited them for over twenty years and they had seen the person's children grow up from babies.

Staff we spoke with told us, "We make a difference and give carers peace of mind that their loved on is being looked after." "We have good relationships with people and we laugh with them," "I love the job its so rewarding" and "We are person centred but we also look at the whole family as well as the cared for.

Parents told us about how the support they received from Crossroads enabled them to have quality time with the cared for child's siblings, with school and outside the home activities. They said this time was very important to them and helped to enhanced day-to-day family life. A parent told about a staff member who had worked additional hours during the school holidays. They said of another staff member that they were, "Brilliant with all the children, like one of the family."

We were told about the matching process carried out to help enable carers, the cared for and staff to developed good relationships. The registered manager said thought was given to age, gender, people's interests, family backgrounds, etc. Carers, cared for and staff confirmed that if they were not getting along as well as expected then they could raise this with the service, without fear of discrimination and changes would be made.

Carers we spoke gave examples of circumstances where staff had recently gone the 'extra mile' in enabling a carer to attend a funeral and arranging an overnight stay when a carer of a cared for person was unexpectedly admitted into hospital. From this emergency, a contingency plan had been put in place for if these circumstances arose again.

We were told that carers, young carers, trustees and volunteers were given the opportunity to attend the organisations training. Training included reminiscence therapy and the grieving wheel. The training manager was also the dementia and cancer champion for the organisation and supported other staff in these areas.

We saw that to protect their right to privacy, people's care records were securely held at the office. Staff had also received training about their responsibilities to maintain confidentiality.

Good

Is the service responsive?

Our findings

We looked at four people's care records. People we spoke with told us that they were fully involved in developing and planning their care. We found they contained risk assessments and care plans that were very detailed and person centred and written using very respectful terms. They recognised people's routines and preferences. We saw that a report was completed by staff about each visit they made. We saw that a review was held six weeks after the care plan was put in place to check that people were happy with the service they were receiving and if not to make the necessary changes. Reviews were then undertaken every six months for children, annually for adults or more frequently if people's needs changed. A staff member said, "We always follow the care plan and report any changes."

We asked how the service worked in partnership with other health and social care organisations. The registered manager told us that the service had recently been awarded two contracts with the local authority. One was with the children's disability team to support children and young people with complex needs. This meant that some children changed provider to Crossroads. A carer gave us an example where the children and young people's support workers had transferred to the service with them. A parent said, "This was a big thing to us as you have to know [child] because [child] is non verbal." They also said they thought the service they had received had improved since they moved to Crossroads.

Where arrangements for children had not changed this meant the service worked in partnership with other providers, for example, the Jewish Federation. We saw a statement about what those arrangements would be and that training would be provided to Crossroads to enhance the knowledge and skills for staff to help them support people with specific cultural needs and to raise awareness of the Jewish community.

The second contract related to 'carer' break arrangements with adult care services. We saw information also that recognised the needs of young carers who helped care for a parent.
Some people with more complex care packages also had other providers supporting them. Crossroads would co-ordinate their care arrangements with the other organisation.

The registered manager was involved in the Bury Children's Forum. The Forum is an informal meeting for third sector agencies and volunteer groups who work alongside children, young people and families. The group discussed training needs, shared good practice, networking, collaboration and national issues. The group also held lunchtime learning sessions, which had included deliberate self-harm, domestic violence and child sexual exploitation. The registered manager told us that information from the learning lunches would be fed back to the staff team as appropriate.

Before our inspection, we contacted the local commissioning and safeguarding teams. They raised no concerns about the service provided by Crossroads.

We saw that the service supported a musical memories group for people with a poor memory or dementia and the people who supported them. The aims of the group were to enjoy the therapeutic benefits of listening and singing to music and meeting new friends. Musical memories and Reminis-sing met every week

and were run by volunteers who were former Crossroads staff in partnership with Bury Christian Fellowship. Other groups, for example outreach groups for people with learning disabilities and local schools also participated in the group which gave older people the opportunity to spend time with children.

We saw letters people who attended the group. They said, "My wife has dementia and has difficulties with her short term memory. Once the old songs start to be played [wife] joins in and can remember every word. She had a great time and as for myself I enjoy a warm welcome every week and the fun atmosphere. It has been a revelation!" Another person said, "I can't wait for Fridays. It has given me a new lease of life, it is wonderful! Another person said, "After my first session I was hooked! What a brilliant project, absolutely brilliant! I have made many new friends who have given me so much support at such a sad time. The saying goes laugh and the world laughs with you, cry and you cry alone. You will never be on your own with Crossroads and Musical Memories!"

We saw that Crossroads was able to pass on information to carers about dementia friendly activities taking place in the Bury area. For example, during the week commencing 3 October 2016 there was a dementia friendly swimming session, sporting reminiscing, walking football, Peace of Mind café for arts and crafts, Friendly Faces, Walk and Talk in a local park as well as carers group meetings. This helped to promote community presence and reduce people's sense of social isolation.

We saw information about how the service had supported a young adult and family to move from living at home to living independently with support from staff. A plan was devised to help support the person with daily living skills such as budgeting, shopping and domestic skills. The plan also created opportunities for the person to make new friends through local groups within the community for example college and the local gym.

We saw that in staff meeting minutes that people had asked staff not to wear uniforms during social occasions and this had been discussed and agreed with staff at the meeting.
The service produced a quarterly newsletter for people who used the service, staff and volunteers. These helped to keep people informed about what was happening within the organisations.

The service had an out of office hours on call system. This gave people a telephone number they could use to contact a manager at any time. Staff and people who used the service told us the on call telephone was always responded to promptly. People told us they could get in touch with the office if they had any worries or concerns and they were confident that staff would do their best to help resolve any problems.

We saw that within the records was an information guidelines sheet for service users, carers and people with care needs who used the service. This included details about how to make a complaint. A carer said, "They take complaints seriously and it is good that the office staff provide cover as they know us."

We found the service had a detailed policy and procedure, which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with.

We saw that the service maintained logs of all complaints and compliments. We looked at a sample of thanks you cards which had been received from relatives. The comments were exceptional and commended the carers for their kindness and compassion. In one letter a person wrote, "I want to reiterate my thanks to everyone at Crossroads/Carers Trust for your support over the years. It has not been an easy experience for me and your help and support has been lifesaving."

Good

Is the service well-led?

Our findings

The service had a registered manager who was present during our inspection. The manager had recently registered with us to manage the service. We noted that the registered manager had previously worked for the service for many years so knew the service well.

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 supported, on the first day of our inspection visit, by the regional head of operations, quality and compliance who was the previously registered manager for the service and had also worked for the service for many years. The registered manager was supported by a stable staff team some who had worked at the service for over 20 years. The registered manager told us they were proud of the culture of the organisation. Staff said the registered manager was approachable and supportive. One staff member said, "I would have no hesitation about speaking with [registered manager] if I had any concerns.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We noted that although the name of the service was Crossroads Care Bury, Manchester and Tameside that at the time of our inspection the registered office at Bury were not providing personal support to people who lived in Manchester or Tameside and this was provided through the Manchester registered office. This meant the name of the service could be viewed as misleading and clarification was requested as it relates to the conditions of registration. The head of operations said they would look into this matter.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw minutes of a recent care management group meeting attended by the head of operations and the registered managers for the local area. This provided registered managers with peer support, as well as the opportunity to discuss issues, share ideas and work to improve the service's policies and procedures.

We saw that the service was supported by a board of trustees who had a wide range of skills and experience. We saw minutes from the care quality, training and policy sub-committee that discussed a range of issues including policy updates, issues around data protection and confidentiality, incidents complaints and safeguarding.

We saw that the service had a statement of purpose, which set out the aims of the organisation and their values and beliefs. The values and beliefs section stated that the health and wellbeing of people was the core business of the service. It also recognised that if carers enjoyed good health and wellbeing through the service offering practical and emotional support this improved the quality of life for those they care for. Values included the need for staff to be socially responsible and inclusive and to act with respect. Staff were also expected to be innovative and forward thinking in order to keep people safe and to incorporate quality and dignity into everything they did.

The organisation had a 3 year strategic plan in place which included the values and beliefs of the service, what the organisation had achieved recently, for example the merger of services, centralisation for example of training and human resources and stronger governance through the board of trustees, future challenges and objectives, which was on-going.

We saw that the registered manager and the head of inspection had carried out a full and detailed audit of the service around the five key questions that CQC ask about whether the service is safe, effective, caring, responsive and well led. Plans were in place to action any shortfalls found.

We were aware that the service had recently been through a restructuring of the management team. Staff told us that, although this had been a time of uncertainty, the reduction in the number of managers based at the service had led to clearer lines of accountability and better communication.

We found the service had a positive culture whose values were applied to those using and working for the service. Staff consistently spoke highly about working for the service and some were in a position to compare favourably the service to other agencies they had worked for in the past. They spoke said they felt valued by the service. The registered manager told us that the service recognised that staff were the most valuable asset. They said they had an 'open door' policy and encouraged staff to raise any concerns they had and promoted an inclusive atmosphere.

We saw the minutes action logs for the staff meeting held in April and August 2016. Areas discussed related to recruitment and staffing, medication, preparation for CQC inspections, policy and procedure updates, health and safety and an opportunity to thank staff for all their hard work.

Care co-ordinators, carried out unannounced 'spot check' observations of staff working with people in their own homes. Staff received feedback from their line manager which identified any areas for development.

We saw a copy of the evaluation of carer's services in the Bury area undertaken in August 2015. Carer Service Evaluation Forms were sent to 218 carers and a total of 42 were returned. Of those returned the majority of carers thought that they received an excellent service from Crossroads against the five domains included in CQC inspections. Comments included "My dad's team of carers treat him with dignity and kindness. A big thank you to all of them." And "I have seen carers go the extra mile for carers on several occasions and have experienced it myself when I have needed 'advocates' at evaluations of my [relatives] dementia, this is very much appreciated." We saw that this year's carer's evaluation questionnaire had been sent out to people in September 2016 and were waiting for responses to be received.

Prior to the inspection CQC also sent people who used the service and relatives, staff and external professionals a questionnaire about their experiences of the service. We received responses from nine staff and two health and social care professionals. A staff member commented. "Crossroads has a very good name within the area and is well respected. Clients are treated very well and nothing is too much trouble for staff. The highest praise I would give is I would trust all the staff with my family."

A health and social care professional said, "I have commissioned Crossroads services to several customers as a social worker. In this time, I have found them to be a well-managed service who are able to maintain staff and provide continuity to service users and their families. If concerns have been raised by service users and families I have been confident that action would be taken and resolved. I have found that families trust and are happy with the service."