

## Crossroads Association

# Crossroads Care - Bolton

## Inspection report

The Thicketford Centre  
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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 

### Overall summary

This inspection took place on 17 November 2015. We gave the service 48 hours' notice to ensure that there would be a manager in the office when we visited. The last inspection was undertaken in January 2014 when the service was meeting all requirements reviewed.

Crossroads Care – Bolton provides practical and emotional support in the form of a respite service to carers who are supporting adults and children with care needs. Care workers visit people's houses so the carer can have a break from their caring responsibilities. The

service is based in the Thicketford Centre in the Tonge Moor area of Bolton. Car parking is available at the rear of the centre. At the time of the inspection there were 75 people using the service and 24 support staff.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 who used the service told us they felt safe. The service's recruitment procedures were robust and there were enough staff employed to meet the needs of people who used the service.

There were appropriate safeguarding adults and children and whistle blowing policies in place. Staff demonstrated an understanding of safeguarding issues and were confident to follow the procedures.

Accidents and incidents were recorded and followed up appropriately. There was an up to date medicines policy in place and all staff had undertaken medication training.

The service had a robust induction programme in place, which included mandatory training and shadowing. Training was on-going for staff and the electronic monitoring system produced an alert when refresher courses were due.

Staff supervisions were carried out regularly and staff told us these were useful and productive. Staff meetings were undertaken on a monthly basis and provided a forum where practice issues could be raised and discussed.

Care plans included relevant health and personal information and were up to date and complete. Consent was sought where relevant and the service was working within the principles of the Mental Capacity Act (2005) (MCA).

People who used the service told us they were treated with respect and that staff were polite and pleasant.

Relevant policies were in place regarding confidentiality and data protection. The service positively promoted autonomy and was committed to helping people be as independent as possible.

People who used the service were encouraged to give feedback, after the first six weeks of receiving the service, then annually via a survey or informally at any time and the information was used to promote continual improvement in service delivery. Information produced by the service was clear and comprehensive.

The service endeavoured to match up support workers with people who used the service to help ensure a positive experience. People were allocated a team of staff to help maintain consistency when cover was required for sickness and annual leave.

People's preferences were taken into account regarding times and support workers. The service worked flexibly around people's appointments and other commitments.

A number of events were held by Crossroads for people to attend and socialise with others in a similar situation if they wished to.

Complaints were taken seriously and the service's policy followed. There had been no complaints received by the service in the last 12 months.

Policies were updated regularly and staff informed of any changes. This helped ensure staff knowledge was current.

There were a number of quality assurance measures in place to help maintain a high level of quality and drive continual improvement.

Staff observations and spot checks were regularly undertaken and supervisions were carried out regularly.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who used the service told us they felt safe. The service's recruitment procedures were robust and there were enough staff employed to meet the needs of people who used the service.

There were appropriate safeguarding adults and children and whistle blowing policies in place. Staff demonstrated an understanding of safeguarding issues and were confident to follow the procedures.

Accidents and incidents were recorded and followed up appropriately. There was an up to date medicines policy in place and all staff had undertaken medication training.

Good



### Is the service effective?

The service was effective.

The service had a robust induction programme in place and training was on-going for staff.

Staff supervisions were carried out regularly.

Care plans included relevant health and personal information and were up to date and complete.

The service was working within the principles of the Mental Capacity Act (2005) (MCA).

Good



### Is the service caring?

The service was caring.

People who used the service told us they were treated with respect.

Relevant policies were in place regarding confidentiality and data protection.

People who used the service were encouraged to give feedback and the information was used to drive continual improvement to service delivery.

Information produced by the service was clear and comprehensive.

Good



### Is the service responsive?

The service was responsive.

The service endeavoured to match up support workers with people who used the service to help ensure a positive experience. People were allocated a team of staff to help maintain consistency.

People's preferences were taken into account and the service was flexible.

A number of events were held by Crossroads for people to attend and socialise with others if they wished to.

Complaints were taken seriously and the service's policy followed. There had been no complaints received by the service in the last 12 months.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was a registered manager at the service. Staff told us the management team were always available to contact and they were supportive.

Policies were updated regularly to ensure knowledge was current.

There were a number of quality assurance measures in place to help maintain a high level of quality and drive continual improvement.

Staff observations and spot checks were regularly undertaken and supervisions were carried out regularly.

# Crossroads Care - Bolton

## Detailed findings

### Background to this inspection

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

The inspection took place on 17 November 2015. We gave the service 48 hours' notice to ensure there would be a manager present at the office on the day of the inspection.

The inspection was carried out by an adult social care inspector from the Care Quality Commission.

We had received a completed Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications and enquiries received.

Crossroads Care provides respite for carers and assistance for cared for people. We spoke with four people who were cared for, five carers and six members of staff, including the registered manager. We also contacted two health and social care professional visitors who had experience of the service. This was to ascertain their views of the care delivery. We looked at records held by the service, including electronic care plans and staff files, audits, training records, meeting minutes and general information supplied by the provider.

# Is the service safe?

## Our findings

We asked people who used the service, both carers and cared for people, if they felt safe with the support workers. One person said, “I feel safe with the carers, I couldn’t manage without them”. A carer told us, “I can relax and completely trust them”. Another commented, “I can go out and have no worries”.

Recruitment procedures at the service were robust. We looked at the policy, which included all relevant guidance and saw personnel records. These demonstrated that people were required to complete an application form, attend an interview if short listed and, if they were successful, were then required to produce a full employment history, two references including their previous employer, and proof of identity. Disclosure and Barring Service (DBS) checks were carried out on potential employees. A DBS check helps a service to ensure people’s suitability to work with vulnerable people. A new electronic system had been implemented by the service to speed up the DBS process, so that potential employees were not waiting an excessive length of time to commence employment.

People who used the service told us staff were rarely late and they did not experience missed visits. They had confidence that, in case of sickness or emergencies, there were enough staff to cover any shortfalls.

There were appropriate safeguarding vulnerable adults, safeguarding children and whistle blowing policies in place. The policies were fit for purpose and were reviewed and updated annually. No safeguarding issues had been raised within the last 12 months.

We spoke with five members of support staff, who had all undertaken safeguarding training. All staff we spoke with demonstrated an understanding of safeguarding issues and reporting procedures and could give examples of what may constitute abuse or poor practice and when they may use the whistle blowing procedures. Staff told us they were confident that if they reported any safeguarding concerns or witnessed any poor practice, this would be followed up immediately and appropriately by the management.

The service had an up to date infection control and prevention policy. Staff were supplied with personal protective equipment (PPE), such as plastic aprons, gloves and hand gel. This was to help protect people against the spread of infection.

We saw that the service had an accidents, incidents and near misses reporting form. This included guidance for staff and reference to safeguarding and reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) in case an incident needed to be reported via any of these routes. Riddor puts duties on employers to report certain serious workplace accidents.

We looked at the service’s medicines policy which included appropriate information and guidance on administration, storage, record keeping, errors, disposal, side effects and taking medicines out of the home. We saw from the training matrix that all staff had been trained in medicines administration and some had undertaken additional relevant training, for example, percutaneous endoscopic gastrostomy (PEG) feeding. This is when a person is unable to eat their food orally and receive it through a tube into their stomach.

# Is the service effective?

## Our findings

People who used the service were positive about the care and support received. One person told us, “They [the staff] take enough time with you. It is usually the same person, but they let you know if someone different is coming. Workers shadow when they are new to introduce you to them”. Another person told us, “We had three other agencies before and they were unreliable. We rang [Crossroads] on Friday and the service was set up by Monday. They are professional and thorough, I can’t fault them; they have never been late; they are qualified and have experience”.

One professional we spoke with said, “As a service we have worked with Crossroads for a number of years, they have supported a number of young people we have referred to the service and also worked alongside [our agency] support staff to best meet the needs of a couple of young people needing additional support at short notice. Feedback from families has always been positive”.

The service had an appropriate induction policy and we saw that the service’s induction programme was robust. It included mandatory training, reading of policies and procedures and new employees being issued with a staff handbook which included a code of conduct. Staff were required to shadow a more experienced worker until they were deemed competent to work alone. The service tried to ensure the shadowing was with the person that the new employee would be working with, if possible, to help them get to know each other prior to commencing work with them.

All staff were given mobile phones, with which they logged their arrival and leaving time from each call. People we spoke with told us their support workers were rarely late and they would be contacted should there be a problem that was holding the worker up. The people we spoke with said they had never experienced missed visits.

We looked at training records and spoke with management and staff about training. All staff received appropriate general and role specific training, some of which was distance learning and other courses were face to face. One worker told us, “You get all the training you need. It is always being offered and you can request training”. Staff were able to undertake distance learning at home if they

had a computer, or were given access to a computer in the office if they required this. Some staff had undertaken further training relating to specific issues or health conditions they worked with. The registered manager told us that district nurses would sometimes facilitate training on particular subjects relating to specific health issues. The training system ensured that alerts were created when refresher training courses were due.

We looked at staff supervision records and saw that supervisions were undertaken regularly. Issues discussed included job issues, spot checks and training. Staff meetings also took place on a regular monthly basis and staff unable to attend received minutes of the meetings. We saw minutes of recent meetings where issues discussed included changes to staff, safeguarding, recruitment, policy and procedure updates and health and safety.

We looked at people’s care plans, both electronic versions and paper copies. The records included a range of health and personal information and risk assessments around issues such as mobility, environment and medicines. There was a document in each care plan which outlined the individual’s level of understanding of, and agreement to, their care plan. This was signed by either the person who was cared for or their carer. If the person being cared for was unable to sign, the reasons for this were recorded. People were asked to give permission to share information with relevant agencies and to talk to CQC if and when required. They signed up to this if they wished to. All care plans we looked at were complete and up to date.

We checked whether the service was working within the principles of the Mental Capacity Act (2005) (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.

We asked staff about MCA and they demonstrated a good understanding of capacity issues, best interests considerations and decision making. They were able to explain how they assisted people with decision making and when they would flag up a concern.

# Is the service caring?

## Our findings

We spoke with a total of nine people who used the service. Four were the cared for people and five the carers. One person said, “They [the staff] are brilliant, all of them, I can’t fault any of them. I have social contact, that’s very important”. Another told us, “When I’m low, she [the support worker] picks me up again, and when I want to be left alone she seems to know it”. Other comments included, “The staff from Crossroads are smashing, they are always polite and pleasant”; “It [the service] has changed our lives”; “It reassures me that someone is thinking about their job. My [relative] is always treated with great dignity and respect and I have no concerns or worries”; “The service is very, very, very good. The workers are always polite and treat people with dignity and respect”.

We visited some people’s homes and saw other people who used the service in the office. We were able to witness some interaction between support workers and the people they supported. These interactions were relaxed, friendly and respectful.

One professional we spoke with told us, “I have made several referrals to the Crossroads service and found them extremely good. They have quickly arranged for a joint visit and completed a detailed assessment of the client; they then usually take time to find the right worker to put with the client. I do believe they have enhanced the lives of the clients I have referred to them. I would highly recommend their invaluable service”.

We saw relevant policies regarding data protection and confidentiality and disclosure. We saw that records were kept with appropriate security. There was also an

appropriate policy regarding equality and diversity. The service positively promoted autonomy and independence and had a policy referring to this. The policy made reference to the Mental Capacity Act (2005) (MCA), best interests, deprivation of liberty safeguards (DoLS) and dignity. People we spoke with told us the service ensured people’s dignity and privacy was respected. They also felt the service was committed to helping people be as independent as possible.

Feedback from people who used the service was sought six weeks after the service had commenced, so that any initial concerns or issues could be ironed out as soon as possible. There was then an annual feedback form for people to complete and the results of this feedback was collated, analysed and, where appropriate, acted on. People were encouraged to give informal feedback at any time. Specific easy read feedback forms were produced for children to complete with smiley or non-smiley owls for them to choose from to answer the questions posed.

Communication between the service and the people who used the service was clear and comprehensive. We saw the customer information pack which had an introduction to the service, information about the service, the mission statement, an example of a care plan, quality assurance, compliments and complaints procedure, Crossroads’ standards, key policies and procedures, involvement and useful contacts. There was also a range of leaflets produced by Crossroads outlining their care provision and providing information about the other services offered by them. The service also produced a Greater Manchester six monthly newsletter which included information about events, specific area news, board updates, new staff and feedback from customer surveys.



# Is the service responsive?

## Our findings

One person we spoke with said, “I couldn’t manage without them. I wouldn’t get up. It [the service] gives me the incentive to get out of bed. They [the staff] all go the extra mile”. People told us they were given a choice of times for visits and the service was very flexible. If people had appointments or other commitments they could change the time of their visits to enable them to attend. If people required support to attend appointments the staff could accompany them.

Staff and people who used the service told us the service endeavoured to match up workers with people they would be working with to help ensure compatibility. In rare cases, where people were found not to be compatible, the support worker would swap with another worker. People who used the service said they were able to specify the gender of support worker they would prefer. One person said she had asked for the same support worker that had looked after her husband, as she had got to know him really well, and this had been facilitated.

People’s preferences were documented within their care plans, which were person-centred and included background information and personal data. People were assisted to undertake the pursuits and activities they wished to participate in. This was evidenced within the care plans and people who used the service confirmed this. One person was living in a care home, but the service from Crossroads, which had begun when she was living in her own home, had continued. She told us she looked forward to the visit and would be taken shopping, walking or to visit a friend as the service was in place to facilitate what she wanted to do. We saw evidence within the care plans that transitions between services were coordinated with other agencies, such as district nurses, to help ensure these went smoothly.

Everyone we spoke with felt there was consistency with the support workers who visited them and this was extremely important to them. They had the same person most of the time and a small core of workers covered for sickness and holidays. One carer told us that because the person they cared for was visually impaired, this was even more important as they were reassured by familiar voices. The registered manager explained that each person who used the service was allocated a team of workers so that consistency of care could be maintained.

Crossroads hosted several events throughout the year, so that people could socialise with others who used the service if they wished to. They also organised specific trips for the children they supported and there was a carers’ week and a breakfast event. The registered manager told us they used these events to gather some informal feedback and evaluate any on-going issues or listen to suggestions.

The service had a complaints policy and procedure in place and complaints, comments and compliments were added to a data base. A report was sent to the board each month and this was analysed for patterns and trends which would then be addressed with actions. The complaints procedure was outlined in the information pack. There had been no complaints in the last 12 months. Comments from feedback forms had been recorded and were positive. They included, “Your service consistently provides the same worker with whom we have an excellent relationship”; “Our care workers are punctual, obliging and pleasant people. I am relaxed whilst my partner is in their care”, and, “We have had Crossroads for 14 years, could not manage without your service”.

We asked people if they had any complaints. No one we spoke with had any complaints or concerns, although one person said he felt the service was quite expensive. All those we spoke with said they would know how to raise a concern if they needed to.

# Is the service well-led?

## Our findings

There was a registered manager in place at the service. 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.

One person who used the service told us, "They [the managers] check up on the girls regularly". Another said, "You can ring the office if you need to and it is answered straight away". A professional we contacted, who's agency had worked closely with Crossroads, told us, "Managers have always been approachable and determined to meet our families' and young peoples' needs when asked, they have also had a good approach to joint working to minimise disruption for our families sharing paperwork and knowledge to prevent families having to repeat documentation and history when Crossroads have become involved. I would have no concerns or worries about working with Crossroads in the future".

Staff we spoke with told us that Crossroads were good to work for and said they felt well supported by the management. One worker told us, "You feel like part of the family". Another said, "Any problems, you can contact the office, there is always someone at the end of the phone". A third commented, "My line manager is brilliant. I have never had a better manager". All staff we spoke with said they could contact the manager at any time.

There were relevant policies in place at the service. These were updated on an annual basis, or when changes occurred. Any updates to policies were circulated to staff and were highlighted in yellow on the electronic policy documents to ensure all were aware of the changes.

The service had a quality and compliance officer in place. Crossroads had a number of quality assurance systems, to help maintain high standards and facilitate continual

improvement to service delivery. These included Crossroads Quality Assurance (Croquet) and Practical Quality Assurance System for Small Organisations (PQASSO). Quality audits were undertaken six monthly and followed up with an action plan with timescales and responsibilities. At the subsequent quality audit these actions were checked up on to ensure they had been completed.

Customer feedback forms were sent out regularly, after six weeks of a person using the service and then annually. Results were collated and a report produced for Crossroads' AGM. The report encompassed the whole of the Greater Manchester area, and any themes were addressed via a 'You said, we did' document. Local issues were separated out and addressed with actions by individual managers. For example, people had asked to be able to pay for the service by card. This had now been facilitated. We saw the results of the 2015 survey which were very positive. They demonstrated that 76% of customers were very satisfied and 24% were satisfied. A Quality Policy statement was produced by the service which included the results of the survey.

Staff surveys were sent out annually. The results of these were analysed and a report produced to be discussed at the following managers' meeting. Staff exit interviews were carried out and analysed to ensure that any employment issues identified were addressed.

Observations of practice were undertaken four times per year, or more if required. Spot checks were carried out on staff on a regular basis and these were then discussed at supervision sessions in order to address any issues identified.

Supervisions were undertaken regularly with support workers and they told us these were useful and productive. Staff were required to attend monthly meetings and if they were unable to attend a meeting, minutes were sent out to them.