

Crossroads Care Cheshire, Manchester &
Merseyside Limited

Crossroads Care Liverpool Knowsley Sefton & Warrington

Inspection report

Meridian Business Village, Unit 43, Hansby Drive
Speke
Liverpool
Merseyside
L24 9LG

Tel: 03333231990
Website: www.carerstrust4all.org.uk

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13 April 2018

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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

This unannounced inspection was carried out on 11, 12 and 13 April 2018 by one social care inspector and an assistant inspector. The first two days of the inspection were spent at the service's office and visiting some of the people supported by the service. On the third day of the inspection we contacted more of the people supported by the service by telephone.

Crossroads Care Liverpool Knowsley Sefton & Warrington provides care and support to adults and children in their own homes. The service also provides a STARS (Support, Talk, Act, Review, Share) service for end of life care in partnership with Marie Curie and Homecarers Liverpool Limited. At the time of our inspection the service was providing support for 59 people and employed 34 staff.

At our last inspection in November 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 service had clear and effective policies and procedures to safeguard people from abuse. All staff we spoke with were able to tell us what they would do in these circumstances and they had confidence in both their own and management's ability to deal with any issues.

We saw that staff were recruited safely following a thorough recruitment process. This process included carrying out the relevant checks, known as Disclosure and Barring Service (DBS) checks, to ensure staff were safe to work with vulnerable people.

Medication was stored, administered and recorded safely and people told us they received their medicines on time and with the support they needed. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required.

Staff were well-supported with regular and structured supervision and appraisal meetings. All new staff were supported to complete the Care Certificate as part of their induction and we saw that staff were up-to-date with the training they needed to support people safely and effectively. This included specialist training where necessary, such as stoma care, suctioning and tracheotomy care.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive ways possible; the policies and systems in the service supported this practice.

All of the people we spoke with told us that the staff were kind, caring and treated them with respect.

The care plans we reviewed were person-centred, detailed, regularly reviewed and contained appropriate risk assessments to help keep people safe and give staff the information they needed to effectively manage any risks.

We saw that the service used various methods to assess and monitor the quality of the service it was providing. These included regular audits, spot checks of staff performance and regular staff meetings to share learning points and gather feedback from staff.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Crossroads Care Liverpool Knowsley Sefton & Warrington

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 was 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 unannounced inspection was carried out on 11, 12 and 13 April 2018 by one social care inspector and an assistant inspector.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service.

During the inspection we spent time at the service's office and we visited some of the people being supported at their homes. We spoke with nine people who were supported by the service and five of their relatives. We spoke with 11 members of staff who held different roles within the service. This included the Director of Operations and the registered manager.

We looked at a range of documentation including eight people's care records, medication records, five staff recruitment and personnel files, staff training records, accident and incident information, health and safety records, safeguarding and complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

We asked people and their relatives if they felt safe with the support provided by the service. They said, "Yes, very much so we've got to know the staff very well over the years" and "I feel very safe and happy with the carers."

Staff were up-to-date with training on safeguarding vulnerable people and they were able to tell us what they would do if they ever had any concerns. The service had policies and procedures in place, which were easily-accessible, to guide staff in relation to safeguarding and whistleblowing concerns. No whistleblowing concerns had been raised since the last inspection and we had received a small number of safeguarding notifications from the service. We saw that the service managed these concerns appropriately and took action to keep people safe.

The care plans we looked at contained detailed risk assessments for people supported by the service. We found that they were managed well and covered all aspects of people's lives. The risk assessments we saw were regularly reviewed and provided staff with information on how to effectively manage any risks. For example, some people had behaviour management plans in place whilst staff were supporting them when out in the community. The plans gave staff clear guidance on how to reduce the risks associated with these situations, enabling the people they were supporting to enjoy as much independence as possible whilst also keeping them safe from harm.

We saw that staff were recruited safely following a thorough recruitment process. This ensured new staff had the skills, knowledge and values required to fulfil their role effectively. This process included carrying out the relevant checks, known as Disclosure and Barring Service (DBS) checks, to ensure staff were safe to work with vulnerable people.

We found that medication was administered and recorded safely and people told us they received their medicines on time and with the support they needed. The care plans we reviewed gave clear guidance on people's medication and the support they required from staff. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Their competency in this area was also regularly as part of the service's spot checking process.

The staff we spoke with were knowledgeable about infection prevention and control. We saw that they had received training in this area and the relevant personal protective equipment (PPE) was readily available to them at the office. Staff competence in this area was also assessed by senior staff as part of the spot checking process.

Accidents and incidents were monitored and recorded by senior staff and appropriate actions were taken so that future incidences could be reduced or avoided. For example, in one instance staff found one of the people they supported had had an unwitnessed fall. This was reported to the local authority and the service liaised with the relevant health professionals to reassess the person's needs, the level of support they required and take action to reduce their risk of falling.

Is the service effective?

Our findings

All of the people we spoke with told us they felt staff were well-trained and did their jobs well. People said, "The staff are very well-trained, I believe in them" and "The staff are definitely skilled and trained to do what they do."

Staff were well-supported with regular and structured supervision and appraisal meetings. All new staff completed the Care Certificate as part of their induction and we saw that staff were up-to-date with the training they needed to support people safely and effectively. This included specialist training where necessary, such as stoma care, suctioning and tracheotomy care. The service had a system in place to monitor and record training for staff to ensure they had the skills and knowledge they needed to support the people with their specific needs. All of the staff we spoke with told us they felt well-supported in their roles and they told us they could ask for further training in a particular area if needed.

The care plans we looked at clearly set out people's eating and drinking preferences. The staff we spoke with were able to give us examples of what the people they supported liked to eat and drink and the ways in which they needed support with this.

We saw that people were supported to regularly access health care when they needed it in order to manage their health needs. The staff we spoke with were knowledgeable about people's health needs and were able to tell us what they would do if they were concerned about someone.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order. We found that the service was meeting its legal obligations relating to the deprivation of people's liberty under the MCA. Staff we spoke with understood the requirements of the MCA and we saw that the service was following the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service also had policies and systems in place to support this practice.

We saw that people supported by the service had given their consent to their care plans. We discussed consent with staff and the people being supported. Staff told us that they always talked through things with the people they were supporting and checked that the person was happy for them to proceed, particularly when providing personal care to people. The people we spoke with confirmed this matched their experience. One person said, "The staff always talk me through what they are doing and make sure I'm happy."

Is the service caring?

Our findings

The people we spoke with told us that the staff were friendly and caring. One person said, "I've known the staff for a long time, they're very helpful and caring." One relative said, "[Staff member] knows [relative] really well, they really get on and [staff member] knows all [relative's] medical issues and how to keep them safe."

People told us that they had developed positive relationships with regular staff and they knew each other well. All of the people we spoke with told us that staff treated them with dignity and respect. Staff we spoke with were able to give us examples of how they did this, such as ensuring the curtains were closed and people were appropriately covered whilst assisting them with personal care.

The service recognised that it needed to be adaptable to meet people's different communication needs. For example, one person the service supported did not speak English as their first language. Working with this person, their family and a staff member who spoke the language, the service developed some 'flash cards' with common and important phrases in both languages. This enabled the person and staff to communicate more effectively.

Staff offered people emotional support when they needed it. People told us that staff spent time talking to them during each visit. One person told us, "I can talk to the staff, they spend time chatting with me and I know they are there for me when I need them." Staff said that communication was really important to establish if people were well or if they needed to highlight any concerns about a person's wellbeing. Staff described the importance of encouraging people to talk about anything that was important to them.

We found that staff did not rush the care and support they provided to people. Should the care required take longer than scheduled the expectation was that staff completed what needed to be done. They then contacted the office so that the next person the carer was due to visit could be informed the carer was running late or the call could be covered by another member of staff. This person-centred approach was very much ingrained in the culture at the service, from senior staff to carers.

Is the service responsive?

Our findings

The people we spoke with told us that they knew the staff supporting them very well and they felt staff would do anything for them. One person said, "I know the staff well, they're friendly and they're always on time. They do everything I need them to do and ask if there's anything else they can help with." Another person said, "We've got to know the staff very well over the years, they fully understand [relative's] needs and I'm pleased with how well they engage with [relative]."

We saw that people's care plans were responsive to people's changing needs and were formally reviewed every six months. However, care plans were amended as required if people's needs changed unexpectedly or between the planned reviews. This review process involved input from the person, their family, staff and any other relevant health care professionals. The people we spoke with and their relatives told us they were happy with the service's care planning process and they were appropriately included in this.

The care plans we looked at were detailed and person-centred. They contained thorough assessments and guidance for staff about how to effectively meet people's support needs. For example, health and medication needs, personal care and mobility. The care plans also contained a brief overview of information about the person, such as their family and social relationships, medical conditions, likes and dislikes and things they liked to do. This helped anyone who opened a care plan to quickly understand what was important to this person. We saw that this also highlighted any specific care preferences. For example, one person preferred to be supported by a female carer. We saw records that confirmed this preference was being met by the service.

Copies of people's care plans were kept at the office and at people's homes. All of the staff we spoke with were very knowledgeable about the people they supported and they were able to give us several examples of people's preferences and things people liked to do. For example, one member of staff told us that one person they supported liked to go for walks and going shopping. We saw this matched both the person's care plan and what the person told us they liked to do with their time.

We found that staff supported people to enjoy hobbies and interests that were important to them. People told us that staff showed an interest in their hobbies and these were often the topics of conversation between them. For example, visiting local parks, watching films, going for walks and visiting cafes.

Information about how to complain was available to people supported by the service and their relatives. We saw that there was a complaints procedure in place and the service had an organised and accountable process of handling any complaints. Complaints were responded to in a timely manner and the responses we looked at were open and honest.

Is the service well-led?

Our findings

The service had a registered manager. 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. We saw that there were clear lines of accountability at the service and the majority of staff had worked for the service for many years.

We found that there was a caring and positive culture amongst staff at the service. All of the staff we spoke with were committed to delivering the care and support people needed and in the ways that they needed it.

All of the staff we spoke with at the service told us they felt well-supported by senior staff and if they had any issues or concerns they could contact senior staff for assistance.

The registered manager was a member of the Liverpool Registered Managers Network, which gathers managers from different services in the area to share information and ideas about best practice and service improvement. We saw that the registered manager had reflected on some of information shared in these meetings.

The service had policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed. Any updates were shared with staff in team meetings and supervisions.

We saw that the service used various methods to assess and monitor the quality of the service it was providing. These included regular audits, spot checks of staff performance and regular staff meetings to share learning points and gather feedback from staff.

Registered providers are required to inform the CQC of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations and had managed any such situations appropriately.