

Crossroads Care Cheshire, Manchester &
Merseyside Limited

Crossroads Care Cheshire West Wirral Shropshire

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Crossroads Care Cheshire West Wirral and Shropshire is a domiciliary care agency that is registered to provide personal care to people living in their own homes. At the time of the inspection, 40 people were receiving a service from the agency. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

People told us they felt safe receiving a service and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adult's procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely.

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 needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme.

People and their relatives consistently told us staff were caring and always showed kindness and compassion. People and where appropriate their relatives had been consulted about their care needs and had been involved in the care planning process. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported in a range of activities in line with their interests and preferences. People and their relatives had access to clear complaints procedure.

There was no registered manager at the service. The area manager intended to apply for registration in due course. Whilst the care co-ordinator had carried out checks on people's files and care documentation, there

was limited evidence to demonstrate management checks and audits had been carried out during 2019 to assess the quality of the service. The nominated individual assured us the management systems and processes would be strengthened at the service.

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

Rating at last inspection:

At the last inspection the service was rated as good (published 16 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Crossroads Care Cheshire West Wirral Shropshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Crossroads Care Cheshire West Wirral Shropshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

There was no registered manager at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure someone would be in the office to support the inspection.

Inspection activity started on 2 September 2019 and ended on 4 September 2019. We visited the office location on 3 and 4 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection such as notifications. These are events that happen in the service the provider is required to tell us about by law. We sought

feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we visited the office and spoke with the area manager, service improvement lead, the care co-ordinator, the administrator and four members of staff. We also spoke with six people using the service, five relatives and one member of staff over the telephone.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We discussed the findings of the inspection with the nominated individual and continued to seek clarification from the provider to validate evidence found. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual sent us a range of documents and information about the service. The information was considered as part of the evidence for the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. People told us they felt safe and were happy with the care and support they received. One person told us, "The staff are superb. They are totally reliable and trustworthy."
- Relatives spoken with had no concerns about the safety of their family members. One relative said, "They look after [family member] so well. I feel he is very safe in their hands."
- Staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed, monitored and managed risks to people's health and safety. People's care records included assessments of specific risks, such as any risks associated with their environment, mobility and behaviour.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather.
- The provider had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incidents, which had been signed by the care coordinator. The details of the accident or incident were entered onto a computer database. The area manager and nominated individual could view the information remotely and could check for any patterns or trends. Any learning was discussed with the staff.

Staffing and recruitment

- People told us they received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- People and relatives said staff were punctual and they had never missed a visit. One person told us, "I can usually set my clock by my carer and if they are ever slightly late they will always let me know."
- The administrator managed the staff rotas to ensure planned visits were flexible and in line with people's preferences. On looking at the staff rotas, we saw staff had sufficient travelling time and the necessary amount of time to spend with people.
- The provider followed safe recruitment systems and processes. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Using medicines safely

- At the time of the inspection, staff were only involved in the administration of topical creams. We saw staff maintained appropriate records, which were checked on return to the office.
- The provider had access to best practice guidance in relation to medicines management and policies and procedures were available to all staff. Staff were trained to administer medicines and checks were due to be carried out on their practice.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure. Staff were provided with personal protective equipment, including gloves and aprons. People confirmed staff used the equipment when providing personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We found staff had received training and had an understanding of the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives. This approach was reflected in people's comments. One person told us, "They are very respectful and always ask me what I would like doing. They will do what they can to help me."
- People's capacity to make decisions about their care was considered as part of the initial assessment. The area manager explained a social worker carried out an assessment of people's mental capacity, however, we saw no documentary evidence of this during the inspection.
- Wherever possible, people had signed their care plan to indicate their agreement to the care provided. There were no restrictions placed on people's liberty.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and relatives felt staff were competent and well trained. One person said, "The staff are competent and efficient in all areas."
- Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise. Following the inspection, we were sent a sample of training feedback forms and noted the staff had made complimentary comments about the training provided.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff. We noted all new staff completed the care certificate. This is a nationally recognised qualification for all health and social care workers. A spot

check was conducted in order to carry out observations and determine the new staff member's level of competence. We noted a new format had been developed to check staff members' competence in handling medicines. Following the inspection, the nominated individual explained checks and observations on other aspects of the care certificate would be extended.

- The provider had systems which enabled staff to be individually supervised and appraised, allowing discussions around work performance, training needs and areas of good practice.

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

- People were supported to eat and drink in line with their care plan. People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- The staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems to ensure people received care which met their individual needs. The care co-ordinator completed an assessment prior to a person receiving a service. This helped to ensure people's needs and preferences could be appropriately met. The assessment followed the care plan format and was used as a basis to form the plan for the delivery of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's rights were actively promoted, and person-centred care was delivered. All people and relatives expressed a high level of satisfaction with the care provided and made complimentary comments about the staff team. One person said, "[Name of care staff] is a lovely lady and supports me in an excellent way. I always enjoy my time with her", and another person commented, "They are all brilliant. I can't fault them in any way."
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Following the inspection, the nominated individual sent us details of compliments received about the service. We noted people had commented on the caring approach of staff. One person had written, "We were so pleased for the lovely carers to visit [family member]. He loved their visits and company."
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People and their relatives contributed to and were involved in making decisions about their care and support needs. All people confirmed they had discussed their care needs with staff and agreed with the contents of their care plan. One person said, "They discussed everything in detail with me."
- People said the staff understood their individual likes and dislikes and accommodated these when delivering their care. One person commented, "They know all my little quirks and work round me and what I want."
- People were provided with information about the service in the form of a booklet. Following the inspection, the nominated individual sent us an updated version of the booklet. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. One person said, "They are completely respectful of my dignity. They always make sure I am safe and comfortable."
- Staff worked in ways which promoted independence and maintained the privacy and dignity of the people they cared for. All staff spoke warmly and kindly about the people they supported.
- Staff encouraged people to develop their independence and self-esteem to enable them to make choices and express their preferences. Staff offered people opportunities to increase their independence and to

have freedom and control over their lives.

- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "I don't know what we would do without them. They have all been marvellous."
- The care co-ordinator developed person-centred care plans, which provided the staff team with guidance about people's needs and how best to meet their needs. This helped to support effective delivery of care. We noted each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans were detailed and showed people's preferences and interests had been taken into consideration. The care co-ordinator had reviewed the plans at regular intervals and any changes in needs had been recorded.
- Staff understood people's needs and it was clear people were supported to make choices and to take control of their daily lives. Staff completed records, which documented the care people had received, in a detailed and respectful way and had completed care records when there was an identified risk.
- The provider used technology to help with the operation of the service. All staff had mobile telephones, which allowed them to log details of their visits and computer-based systems were used to store and analyse information. The nominated individual explained the provider was due to introduce more computer-based technology in the near future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had good support to continue hobbies and interests that enhanced their quality of life.
- Staff appreciated the importance of people leading an active social life and ensured people were supported to attend their chosen activities. This included support to access community facilities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The area manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Information was available in a variety of formats and in a way people could understand.

Improving care quality in response to complaints or concerns

- People told us they had no complaints or concerns. They said they would speak to a member of staff if

they had any concerns or wished to raise a complaint. One person told us, "I have never had any problems. It's a service you can rely on and trust."

- The provider had arrangements in place for recording, investigating and resolving complaints. The area manager explained one complaint had been received, which they were in the process of investigating.
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with.

End of life care and support

- At the time of our inspection, the service was not supporting people at the end of their life. All staff had completed grief and bereavement training and people's end of life wishes were explored and recorded, as appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant the service management, leadership and quality monitoring systems were not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was no registered manager at the service. The area manager explained they were due to apply for registration in due course. Although people told us they felt the service operated smoothly, none of the people or their relatives were aware of the management arrangements of the service.
- We noted the nominated individual and area manager had attended some staff meetings and had access to the computer databases. However, there was limited evidence to demonstrate management checks had been carried out on the quality of the service. The care co-ordinator had carried out audits on people's files, but the checks had not been checked by a manager.
- We saw a management audit had been carried out in November 2018 and all actions had been completed. However, we saw no evidence of any management audits being carried out in 2019.
- The nominated individual assured us the area manager would spend more time visiting the service and all audits and checks would be clearly documented in the future.
- Any accidents or incidents were discussed at staff meetings to ensure any learning could be identified.
- The area manager understood the duty of candour and told us they would act in an open and honest way if things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The nominated individual and staff promoted the provision of person-centred care to achieve the best outcomes for people. Staff confirmed they felt everyone was well supported and they all told us how much they enjoyed their work.
- People and their relatives spoke highly of the service, the staff team and the office based staff. One person said, "It is a brilliant service. I have one million percent assurance and confidence in them."
- The care co-ordinator and administrator knew the people who used the service well and were knowledgeable about their needs and preferences.
- Staff had access to a whistleblowing policy to enable them to raise any concerns in confidence.
- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.

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

characteristics; Working in partnership with others

- People and staff were invited to give feedback on the service and had been given the opportunity to complete an annual satisfaction questionnaire. The last survey had been carried out in October 2018. We looked at the collated results and noted people and staff indicated a high level of satisfaction with the service. We also saw people had made positive comments about the service. One person had written, "You feel very safe and well informed. Communication is always very professional and first class. The service meets all our needs. You are treated with respect and dignity by all staff and the service is well led."
- The provider issued regular newsletters, for both the local community and staff. Examples of areas covered in the community newsletters included; important updates and signposting to local and national carers' initiatives and schemes. The staff newsletter provided information about good practice issues and celebrated individual members of staff's achievements and performance.
- The provider and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service.