

## Crossroads Care Cheshire, Manchester & Merseyside Limited

# Crossroads Together Merseyside

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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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

### About the service

Crossroads Together Merseyside is a domiciliary care agency providing personal care to 145 people at the time of the inspection.

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. Where they do we also consider any wider social care provided.

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

People received their medicines as prescribed. However, we found some gaps and the use of incorrect codes on some of the Medication Administration Records. Some recording errors had already been identified by the providers systems and action was taken to drive improvement. However, some of the recording issues were not identified. While we were assured this did not directly impact on the person receiving care, we raised our concerns with the registered manager who took immediate action to improve auditing processes in relation to medicines.

Staff were safely recruited. Rotas showed there were enough staff to safely care for people. Most people were supported by a small and consistent staff team. Relatives we spoke with told us staff were punctual.

Risk to people's health and safety had been assessed on an individual basis. Care plans and risk assessments gave staff detailed guidance to help mitigate risks related to areas such as medicines, mobility and eating and drinking.

There were effective safeguarding systems for adults and children. All people and relatives we spoke with told us they felt safe with staff. Comments included, "I trust them implicitly."

Staff followed good infection control practices to help prevent the spread of healthcare related infections.

Care plans contained detailed information about people's eating and drinking needs and included people's preferences. Staff received training to complete their job roles effectively and gained practical experience by shadowing experienced staff. Relatives told us staff were competent in their roles.

People were treated with kindness and respect. Staff showed good understanding of people's likes, dislikes and preferences and explained how they supported people according to these. Staff spoke with compassion when describing their role and the people they cared for.

People were supported to have maximum choice and control of their lives and staff supported the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs and any assistance they needed was recorded in their care plan. Care plans were written in a way which focused on promoting people's independence. Where people required support with activities, records showed people's interests were considered in helping to produce an activity programme which was tailored to them.

There was good partnership with external health professionals to provide people with compassionate end of life care.

There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement. The culture of the service focused on ensuring people received person-centred care that met their needs and preferences.

The views of people using the service were at the core of quality monitoring and assurance arrangements. The provider involved people, relatives and staff through regular reviews, team meetings and satisfaction surveys. The registered manager understood the importance of using this feedback to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This is the first inspection for this newly registered service.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Crossroads Together Merseyside

## **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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2021 and ended on 23 December 2021. We visited the office location on 16 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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

We spoke with one person and nine relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, care coordinators and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly work with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines safely.
- Medicine Administration Records (MAR's) were in place for staff to record when medicines were given. We were assured people received their medicines as prescribed. However, we found some gaps and the use of incorrect codes on some of the MAR's. The registered manager had already identified some of the issues and had taken action to improve the quality of the records.
- Records showed staff received training and competency checks to ensure they administered medicines in line with best practice standards.
- People and relatives told us they were happy with how staff supported them with their medicines.

### Staffing and recruitment

- Staff were safely recruited. Relevant pre-employment checks were undertaken to ensure staff were suitable for the role. However, we found that not all gaps in a staff members employment history had been explored. The registered manager's checks had already identified this, and processes had been put in place to minimise the risk of this issue recurring.
- Rotas showed there were enough staff to safely care for people. The provider had effective contingency plans in place to account for staff absence. This ensured people's care needs were safely met.
- Electronic records showed most people were supported by a small and consistent staff team who generally arrived on time and stayed for the full duration of the call.
- Relatives we spoke with told us staff were punctual. One relative told us, "[staff] have only been late twice in seven years. In both cases, I received a call from the office to say that they were held up in traffic."

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

- Risk to people's health and safety had been assessed on an individual basis.
- Care plans and risk assessments gave staff detailed guidance to help mitigate risks related to areas such as medicines, mobility and eating and drinking.
- Staff had instant access to people's risk assessments through a mobile phone app. Staff told us they had time to read the risk assessments and could check if people's care needs had changed before delivering care.
- The registered manager understood the importance of learning from accidents, incidents and near misses. Accident trends were analysed, and action was taken to reduce further incidents. Lessons learnt were discussed at provider meetings to ensure learning was shared across the whole organisation.

Systems and processes to safeguard people from the risk of abuse;

- There were effective safeguarding systems for adults and children. These systems were underpinned by the providers safeguarding policies.
- Staff were trained in safeguarding and could describe the signs that may indicate abuse and what action they would take to report this to the relevant authorities.
- All people and relatives we spoke with told us they felt safe with staff. Comments included, "I trust them implicitly" and "I do feel safe. [Staff] are quite experienced and over time they've built up my confidence."

#### Preventing and controlling infection

- Staff followed good infection control practices to help prevent the spread of healthcare related infections.
- People and relatives told us that staff took the necessary precautions to protect them from COVID-19 by using personal protective equipment (PPE), hand sanitiser and socially distancing where possible. One relative told us, "Very importantly [staff] explained to [person] why they were wearing masks so that she could better understand."



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed when they first started using the service and assessments focused on people's personal likes as well as their physical care and support needs.
- Care plans contained detailed information around people's eating and drinking needs and their preferences. When people required a specialised diet, training was arranged for staff and there was detailed information in care plans to guide them.

Staff support: induction, training, skills and experience

- Staff received training to complete their job roles effectively and gained practical experience by shadowing experienced staff.
- Staff spoke positively about the induction programme and told us it prepared them for their role.
- Records showed staff received regular supervisions and competency assessments to help ensure they had the skills and knowledge to perform their jobs safely.
- Relatives told us staff were competent in their roles. Comments included, "[staff] are absolutely very good, very experienced."

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

- Care plans directed staff to contact professionals such as GP's should they have any concerns about people's health or wellbeing.
- Staff followed the advice of healthcare professionals and people achieved positive outcomes because the relationships between organisations were effective.

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.

- The registered manager had good knowledge of the MCA and demonstrated the assessment process they follow if they felt a person lacked the mental capacity to make a particular decision.
- Staff received training in the MCA and gave examples of how to approach people with limited mental capacity to enable them to make choices.
- Staff knew the importance of gaining people's consent before delivering care and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and respect.
- Staff showed good understanding of people's likes, dislikes and preferences and explained how they supported people according to these. Staff spoke with compassion when describing their role and the people they cared for.
- People and relatives provided positive feedback about the caring nature of staff. Comments included, "[staff] are chatty, nice and friendly. I can't tell you how grateful and pleased I am that they're here" and "I've got to say these [staff names] are like angels...they should be nominated for an award from the Queen."

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

- People and their relatives were involved in the planning of care needs. Care plans were reviewed regularly to ensure people's views were considered.
- People's communication needs and any assistance they needed was recorded in their care plan. Where people had limited verbal communication, staff described the methods they used to ensure people's views were considered and how they ensured they were involved in day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a way which focused on promoting people's independence.
- Staff had an opportunity to meet people prior to carrying out care tasks. This helped to maintain people's dignity.
- Staff described the ways they uphold people's privacy and dignity. One staff member described how they close curtains and doors before delivering personal care to people.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Where people required support with activities, records showed their interests were considered in helping to produce an activity programme which was tailored to them. For example, one person enjoyed pampering sessions and another person liked to go for long walks and these activities were arranged according to those people's wishes.
- Relatives told us staff had a good understanding of people's support and behaviours. Comments included, "[Staff] seem to understand [person], [staff] show [person] photos and books, they engage with [person]" and "[Person's] quality of life has improved, [person] is happier and gets out more."
- Staff knew the importance of supporting people to stay in touch with their loved ones.

### 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.

- People's communication needs were discussed during the initial stages of the care planning process. This meant the provider could identify if information needed to be developed in accessible formats.

### Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and people and relatives were provided with a copy of the complaints policy and procedure.
- One relative told us that the provider responded to their complaint about too many new carers which she described as unsettling for their loved one. The relative explained that since raising the issue, two regular carers have been appointed.

### End of life care and support

- The provider worked in close partnership with external health professionals to provide compassionate end of life care.
- Staff spoke warmly about the care they provided to people at the end of their lives. One staff member told us, "people want to be in home in their last days, so we make that possible for them and their families. I feel I make a real difference."

- The provider understood the potential emotional impact on staff and ensured they had access to a counselling service for ongoing support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Quality assurance processes were effective. Audits on areas of care provision were undertaken to monitor standards, and to identify where improvements could be made. However, the current medication audit did not pick up on all of the recording issues found during the inspection. We raised this with the registered manager who took immediate action to improve auditing processes.
- There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement. We identified good practice in relation to analysing trends and found learning was shared across the whole organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The culture of the service focused on ensuring people received person-centred care that met their needs and preferences.
- Managers and staff worked well with other professionals to improve outcomes for people. For example, we saw many examples of effective communication with nurses and effective planning of people's changing needs.
- Commissioning partners were positive about the service. One person told us, "The team are very responsive to my communication, they have delivered a flexible service to meet people's needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Staff were clear about their roles and responsibilities. The registered manager had good operational oversight to ensure the service was meeting regulatory requirements.
- The registered manager was open and honest with people when things went wrong. They understood their statutory obligation of sharing information with the safeguarding authority and reporting notifiable incidents to the CQC.

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

- The views of people using the service were at the core of quality monitoring and assurance arrangements.
- The provider involved people, relatives and staff through regular reviews, team meetings and satisfaction surveys. The registered manager understood the importance of using this feedback to improve the service.

- Relatives spoke positively about the management of the service and the role of the care coordinators. Comments included, "The organisation is perfect" and "they need far more credit than they get, they're a lifeline and they make a massive difference."