

Cumbria Crossroads Limited

Crossroads Care Cumbria

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?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

There was a registered manager in post on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The inspection team consisted of one inspector who was supported on this inspection by an Expert by Experience. This is a person who has personal experience of using or caring for someone who has used services that provide care and support for older people with a variety of needs.

Crossroads Care Cumbria provides support to carers who care for a relative/friend in their own home. It gives carers a chance to take some time for themselves and have a break from their caring responsibilities. This includes children, older people, people living with dementia and people who have physical disabilities. It provides a flexible service around the needs of the people supported and their main carers.

Summary of findings

At the time of our inspection the service provided support for 74 people across all areas of Carlisle, Penrith and other parts of the Eden valley.

This was an announced inspection that took place on the 24 July 2014 during which we spent time with the registered manager and two members of the administrative team. We visited three people in their own homes, contacted other people by telephone and spoke to members of the support staff team. During our visit we spoke to a senior district nursing sister. Prior to our visit we spoke to the locality lead and a social worker from Carlisle Adult Social Care.

At the last inspection visit in January 2014 we found that this service met all the national standards we looked at. Since then there have been no incidents or concerns raised that needed investigating.

As part of our inspection we spoke to three people in their own homes and 15 people by telephone. They all told us they felt safe when being supported by staff from the agency. Many people had visits up to three hours in duration which gave them opportunity to get to know their carers well.

Relatives told us they never worried during the periods of respite as they knew their family members would be safe whether the support was provided in the community or in people's own home.

Staff had completed training in adult protection and training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. There were procedures to follow if staff had any concerns about the safety of people they supported. Safeguards were in place to protect people who may not have the capacity to make decisions for themselves. Staff told us they would not hesitate to report any concerns to the registered manager or the care managers if they saw or heard anything that could put people at risk.

Crossroads Care Cumbria provides support and respite to people who have the main responsibility of caring for

relatives. People and their relatives were very much part of the care planning process and were involved in planning their care and support to be provided. This was reflected in the care records we looked at. Each person had been fully assessed prior to the service starting and the information obtained during the initial assessment formed the basis for the individualised plan of care. Staff were given sufficient information in each care plan to provide the appropriate level of care. All care plans were kept under constant review in order that changes could be acted upon as soon as they were noted.

The service worked well with external agencies such as social services, mental health professionals, district nurses and the GP service to provide appropriate care to meet people's physical and emotional needs.

We looked at the administration of medicines and found that all staff had completed training in safe handling of medication. However, not all people required assistance with medication because they lived with their family or family members took responsibility on their behalf.

We saw there was sufficient staff employed to maintain the required level of support. The registered manager confirmed that before any new service started new staff were employed and had completed their induction. Training in all aspects of care was up to date with copies of certificates in each staff file.

All staff were supported by the management team through regular staff supervision and appraisals. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed by Crossroads Care Cumbria.

Although the registered manager was responsible for two agencies she had a high profile within the service. The agency also employed, as part of the management team, care managers who were responsible for a team of carers and also for monitoring the quality of the care and support provided.

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 is safe. People told us they felt safe. Staff had a good understanding of how to keep safe the people they supported. This was because staff had received safeguarding training and could demonstrate how they would identify and respond to abuse. This reduced the risk to people.

Staff were recruited safely and appropriately with all required checks undertaken. Staffing levels ensured care could be delivered safely and with no missed calls.

People were kept safe by a thorough risk assessment process which ensured their safety both in their homes and in the community.

Staff training in the administration of medicines was completed by all staff and was up to date.

Good



Is the service effective?

The service is effective. People had their needs assessed prior to the service starting. Care records were clear and provided staff with comprehensive guidance on how people's care should be provided in accordance with their wishes.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Arrangements were in place to ensure all health needs were met. External health care agencies were accessed for help and advice in meeting diverse and complex health care needs.

Good



Is the service caring?

The service is caring. People told us the staff were caring and understood their needs. Relatives told us the staff team were very kind and considerate to the people they supported.

External healthcare professionals told us all the staff in the agency went out of their way to provide a caring environment for the people they supported.

We saw individual care records evidenced people were involved in making decisions about their care and support and the way in which it was delivered. Privacy and dignity was respected at all times.

Good



Is the service responsive?

The service is responsive. The people supported by this agency and their relatives told us they were very involved in the care provided.

People told us the management were responsive to any changes in the support provided they requested and put them into practice if this was possible. Complaints were dealt with in line with the complaints procedure.

All those we spoke to or visited told us that they could contact the staff in the office at all times. There was an 'on call' team to deal with emergencies that happened out of office hours.

Good



Summary of findings

Is the service well-led?

The service is well-led. Crossroads Care Cumbria had a registered manager in place at the time of our visit.

We found the leadership of the agency to be open and supportive of staff and the people who were provided with care and support.

There were appropriate systems in place to assess and monitor the level of support provided. Spot checks were in place to ensure staff provided effective and responsive care.

Good



Crossroads Care Cumbria

Detailed findings

Background to this inspection

We carried out this inspection on 24 July 2014 and the inspection team consisted of the lead inspector for the service 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. Our expert had experience in the care of older people.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received information from the provider which enabled us to focus on the areas of the inspection we wished to look at in detail.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

We contacted external agencies who also had dealings with the service to ask their opinion about the care and support provided. These included a social worker and a locality lead from adult social care. During our visit we spoke to a senior sister from one of the district nursing teams.

We spoke to four members of staff, 15 people by telephone and visited three people in their own homes to ask their opinions of the care and support provided by Crossroads Care Cumbria.

We reviewed the care records of five people who used this service, one of which was in relation to the support provided to a young child. We saw that the information contained in the records was up to date and provided the staff with sufficient information to meet all the assessed needs.

Is the service safe?

Our findings

People we spoke to during and after our inspection visit told us they felt safe when they received support from the staff who worked at Crossroads Care Cumbria. Family members told us they were very happy with the support this service provided. They said, "At least I can go out without worrying and know the staff are supporting my relative. They also go out together into Carlisle". We spoke to three people in their own home and they were all pleased with the support they received. One said, "I feel totally safe and relaxed when I am out with my support worker".

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA 2005). The MCA 2005 provided a legal framework for people who may be unable to make decisions about their care. A care manager had completed a 'Train the Trainers' course in respect of the MCA 2005 and was preparing training for all the staff who worked for the agency. The staff we spoke to had a good understanding of safeguarding adults and children and had completed training in this subject. This ensured people supported by this agency were protected at all times. They told us they were aware of their role and responsibility to keep people safe at all times. One staff member also told us, "I would not hesitate to contact my line manager if I saw or heard anything that concerned me."

Everyone who chose to use Crossroads Care Cumbria was fully assessed prior to the service starting. We found risks were identified, assessed and managed in a way that protected people effectively. We looked at five people's care records and found these contained risk assessments for areas such as nutrition, falls, entry into the home and the environment. Risk assessments were also in place for equipment that was required to move people safely. Risk assessments were updated at the same time as the care records or sooner if a new risk was discovered. People were kept safe because there were appropriate risk assessments in place when they were at home or out in the community.

We looked at the recruitment records for four members of staff, two of whom had recently started work. We saw appropriate recruitment checks were undertaken before the care worker started to work for the service and these

were clearly recorded. Checks included: two references, identification checks, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Staff confirmed they had attended a formal interview and completed their induction prior to them starting work. All new staff are introduced to the people they will support and shadow more experienced staff before they work by themselves.

We looked at the numbers of staff employed to support people and their families and saw that these were sufficient to meet people's assessed needs. The registered manager confirmed Crossroad Care Cumbria did not agree to support people until there was sufficient staff to provide a consistent and safe service. We spent some time with the roster officer who demonstrated how the staff rosters were kept up to date and how existing staff covered for sickness and holidays. This ensured there was always sufficient staff to provide a seamless and safe service.

As part of their professional development all staff must complete training in safe handling of medicines even though not all people required assistance with medication because they lived with their family or family members took responsibility on their behalf. The training was provided by the external training company the service used on a regular basis. If people had a complex health need staff received specialist task training in line with the diagnosis and the prescribed medication. A record of medicines administered was kept in the care documents held in people's homes.

Crossroads Care Cumbria had strategies in place to provide care for people whose behaviour could challenge the service. We looked at one support plan that outlined very clearly what the staff had to do to meet the person's needs safely and in the most appropriate way. We saw a behavioural risk assessment was in place as there were certain high risk needs to be taken into consideration when supporting this person and keeping them safe. The risk assessment covered time in the home and time in the community.

Is the service effective?

Our findings

We found that each person who requested support from this agency was fully assessed prior to the service starting. During this assessment the manager discussed the level of support required as well as the times and length of the visits. These details were necessary because there had to

be sufficient staff to undertake the visits at the time and for the length of time people wanted. The registered manager explained staff recruitment was on going as the service was still receiving referrals for packages of support and for the support to be effective there had to sufficient experienced staff to accept new care packages.

Crossroads Care Cumbria provided support to families and carers who were responsible for the care and welfare of a family member. The service provided allowed the main cares to take a break for certain days in the week or for longer periods in order to take a short holiday. We looked at the care records for five people, one of which was a child. We saw there had been an assessment of the needs of the people who had applied to the agency for support.

We saw, from the people's care records that family members had been involved in planning the care and support required. Care plans were clear, detailed and contained sufficient information for staff to be able to provide appropriate care and support. Care records were personal to the individual and identified people's personal preferences about how they liked their care and support to be delivered.

People were encouraged to express their personal preferences if they were able. When Crossroads Care Cumbria supported children the staff worked closely with family members to ensure the support was appropriate to the age of the child and what worked best for the whole family.

People told us staff were always polite and treated them with respect at all times. They said, "The staff are wonderful. When they are helping me they do it so my privacy is protected all the time".

All newly appointed staff completed a formal induction programme. This was provided partly by Crossroads Care Cumbria with the remainder facilitated by an external training company. We spoke to staff about their induction and they said, "The induction is very good and we do some

mandatory training during it. Things like food hygiene, moving and handling, first aid and infection control" Another support worker said, "After my induction I shadowed a more experienced member of the team which gave me the opportunity to get to know people before I worked on my own".

Support staff were given appropriate medication training to be competent when administering medication for particular diagnoses or complex needs. The training was provided by the district nursing service who signed off the training when this was completed. This meant staff were able to provide an effective service with regards to the administration of more complicated medicines.

All health needs were clearly documented on the personalised plan of care. The registered manager confirmed staff worked closely with healthcare professionals and social workers from the local authority adult social care teams. During our visit we spoke to a senior sister from the district nursing team and asked her how effective did she think the service provided by the agency was. She said, "The care is very person centred. The staff are very professional and go the extra mile for people".

This service worked in conjunction with external agencies in the provision of care. Records we looked at evidenced that dieticians, speech and language therapists, physiotherapists, occupational therapists and the district nursing service were accessed when necessary. The Registered Manager told us, "We rely on the health care professionals for advice and input into the support we provide. Some new referrals for the service have come through our professional interaction with other agencies".

Some of the people supported by Crossroads Care Cumbria had limited or no verbal communication. Staff told us they knew the people they supported well and used other means of communication such as body language, facial expressions and pictures. An effective service was provided by regular teams of support workers who became familiar with the needs of the people they supported.

We spoke to the rostering officer who was responsible for ensuring all the home visits were made on the day and at the time agreed. There was a set roster for each person supported from the date the service started to the date it finished. The only changes made were to cover for staff sickness and holidays. These dates were always covered by a support worker that was already known to the people

Is the service effective?

supported by the agency. People told us they very much appreciated this. One person said, “My support workers have been helping me for some years now and I have really got to know them. It is much better for me although I do

understand people have to have holidays”. Another person said, “The girls who visit my relative are wonderful. He is no longer able to speak but the girls understand him very well”.

Is the service caring?

Our findings

We visited three people in their own homes to ask them about the staff and the service they received. All three had only positive comments about the agency and the people that supported them. One person said, “The girls are very good indeed and I have no real complaints. If I did have I would phone the office immediately”. Another said, “The girls from the agency support my relative although I am the main carer. They are all lovely and I know they care about the people they support. If they come when I am there they always ask me how I am and if I need anything”.

Prior to our visit we spoke to a social worker from the local authority adult social care team. She told us that they found the staff at the agency very caring and provided good support to people in their own homes. A senior health care nurse said, “The staff at the agency are wonderful. They are so caring and never forget they are a guest in people’s home.

Crossroads Care Cumbria sent out questionnaires to people asking for their opinion of the service they received. We looked at those recently received in the office and all of the comments were very positive. They included, “My relative looks forward to the company”, “I know I am well cared for, with good care”, “I could not manage without Crossroads, their care is second to none”.

The care plans we looked at were personal to the individual with a copy in the people’s homes and a copy held in the office. Each care plan gave the support workers sufficient information to provide support appropriate to meet all the assessed needs. Health care needs were documented clearly with details about who to contact in an emergency.

Each care plan gave detailed instructions to staff about working with other agencies such as occupational therapists, speech and language therapists and dieticians. This meant there was seamless care and support provided by all who were involved in the care of people supported by this agency.

Crossroads Care Cumbria supported families who are the main carers for other family members and because of this the visits were for a longer period of time than other care agencies. Consequently support staff formed a closer relationship with the people they supported. We were told by support staff, “That is the thing about working for Crossroads we are in peoples’ homes for a lot longer than when you work for other agencies. We are given time to get to know our people well and so can care for them in a more positive way. We ask them what they want to do or where they want to go and they tell us and we do just what they want. “Relatives told us, “I never worry when I am out as I know my relative is in very good hands”.

Is the service responsive?

Our findings

We spoke to 18 people and they and their families told us they were fully involved in making decisions about the care and support that was to be provided by Crossroads Care Cumbria. After the request for support had been received an initial meeting was set up by the registered manager or one of the care managers. The purpose of this meeting was to fully assess the needs of the person the agency would be supporting. People told us, “I was able to tell the care manager exactly what I wanted in the way of support during the time the carers were with me. There was no pressure at all. They said they would be able to help me to do the things I could not manage by myself like go out to the shops”.

If it was appropriate family members were also involved in the assessment meeting. As Crossroads Care Cumbria was specifically to support families to have respite from their care responsibilities it was important to have their input into the care planning process. This was essential when the support was given to children or younger people. One parent said, “I decide what they do and where they go and am happy with what they do”.

We saw in the care records we looked at that people chose how the care and support was to be provided. The care records outlined clearly what staff had to do to meet people’s assessed needs. Times and length of visits were discussed during the initial assessment visit after which people decided what they wanted to do and how to spend their time with the support staff. We spoke to one person who told us, “For personal reasons I did not want my care plan lying around the house so I discussed this with the manager. They arranged for a copy to be emailed to me so I could save it in a personal file of my own. It is reviewed like the one in the office. They understood perfectly what I wanted and why. They are very good and don’t make you feel you are a visitor in your own house like some carers do. “They help without being intrusive, I found what they did and how they did it quite empowering”

Staff we spoke to showed a commitment to people having choice and control about how they spent their time. We

found staff offered support and encouragement to people to access the community and take part in activities they enjoyed. One family member said “When she was still able, they kept mum stimulated with crosswords and books as well as going out. She can’t do that now, it’s more sitting with her while I go out, but it is so nice they knew how she used to be”. Another person said, “It has been great as I have got my life back. I go out with my carer every time they come. It means I can do my own shopping again and have coffee or lunch out”.

Health care needs were discussed so the staff could respond to any emergencies that may happen. The registered manager told us all the staff worked with external health care agencies to ensure the people they supported had good quality care throughout. We spoke to one health care professional and were told, “The staff at this agency go above and beyond to make sure people are well supported. They respond to any health needs immediately by contacting the district nurses or the doctor. They also alert staff in the office as soon as possible as soon as they become concerned”.

All the people we spoke to said they knew how to make a complaint and had paperwork to tell them how to do this. Nearly all knew their local manager by name and felt quite happy to contact them about anything. We checked the complaints log but there had been none to report. The Care Quality Commission had not received any complaints. Staff we spoke to told us they would contact the office if anyone raised any concerns with them.

When we spoke to the registered manager about dealing with complaints or concerns they said, “We always like to keep our lines of communication open so people find it easy to contact the staff in the office at the first sign there is anything they are not happy about, however small. That way we can deal with the matter immediately”.

We saw that every phone call that was received in the office was logged with the details what the call was about. The rostering officer, who also took the calls, said it was a good way to make sure all contacts were recorded and nothing was overlooked.

Is the service well-led?

Our findings

There was a registered manager in post on the day of our visit. They also had responsibilities in managing another Crossroads service in West Cumbria.

Staff we spoke to told us they found the registered manager and other members of the management team very approachable. They said, “There is an openness about this agency and I have felt very relaxed since I came to work at Crossroads. All the managers make sure we have plenty of time to get to know the people we support and this has not always happened in other places I have worked”.

We asked staff if they would be able to speak to the manager if there was anything that worried them such as a safeguarding issue. One staff member said, “I would not be worried about reporting anything if I thought it was not right. I know the care managers would respond immediately”.

We saw the agency had a full set of policies and procedures in place and the manager confirmed they were updated every year to ensure they remained in line with current legislation.

The management team had systems in place to assess and monitor the quality of care at Crossroads Care Cumbria. A range of audits were in place to check the quality of care

being provided and the standard of record keeping. Spot checks of staff within people’s homes were used to ensure staff were on time and that they delivered care appropriately. Care plans were reviewed at least annually but more often if the needs of people being supported changed. The care records we looked at during our visit were all up to date but recorded where changes had been made and why.

Annual survey questionnaires were sent out to people using the service and their relatives. We were given a copy of the latest report during our visit. All the comments were very positive and included, “My relative looks forward to the company”, “Gives me support and respite” and Gives me confidence to go out”.

Meetings for staff at all levels were held and we saw copies of the minutes. Staff told us they received regular supervision both ‘on the job’ and in an individual meeting with their line manager.

Any incidents or accidents were recorded with a copy kept on the individual support plan. A copy was then sent to the board of trustees with details of the outcome of any investigation.

Meetings of the Board of Trustees, including the registered manager and the chief executive officer were held every two months.