

Crossroads Care Cheshire, Manchester &
Merseyside Limited

Crossroads Care Cheshire West Wirral and Shropshire

Inspection report

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Date of inspection visit:
31 October 2016
01 November 2016

Date of publication:
16 January 2017

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

We inspected this service on 31 October and 1 November 2016 and we gave short notice to the registered provider prior to our visit. This was to ensure that key people were available during the inspection.

Crossroads Care Cheshire West Wirral and Shropshire is a domiciliary care service providing support to adults and children with physical and learning disabilities and autism. They were registered with the Care Quality Commission on 24 June 2014. The service provides carer breaks, respite support, children's clubs, dementia clubs, and palliative care for people in their own homes. The service currently supports 250 people living within the local community.

There was a registered manager in place at this service. They had been registered for 11 months. 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.

People told us they were very happy with the service provided and that the staff were "brilliant, caring and friendly. People said "The staff are excellent", "I have no complaints", "The staff are cheerful", "The staff help me with personal care tasks and outings" and "Staff help me to maintain my independence".

Staff told us they enjoyed working at the service and providing support to people within the community. They said they were well supported by the staff in the office and the management team.

Care plans were well documented and up to date. They gave clear guidance to the staff team. Risk assessments were undertaken for a variety of tasks which included moving and handling, nutrition, falls and the environment. These were reviewed regularly and up to date. The management of medication was safe and people were supported with the medicines when required. This meant that clear and up to date information was available within the care plan documentation for the staff to enable them to appropriately support people who used the service.

Staff were aware of how to report a safeguarding concern. They were aware of the policies and procedures available to safeguard people and children from harm and told us they would not hesitate to report any concerns. Staff had received training in safeguarding adults and children from harm.

Staff had received a range of training that included moving and handling, safeguarding, medication and health and safety. A range of other training was available to the staff team. Staff told us that the training was good. Staff had access to supervision sessions and were invited to attend regular staff meetings.

Staff recruitment files showed that robust recruitment processes were in place. Staff attended an induction process prior to working alone in the community. Staff told us that they worked alongside an experienced

staff member before going out alone. They confirmed the induction process was good and that they had the information they needed to perform their role. This meant that the people who used the service were supported by knowledgeable and skilled staff.

People had access to information about the service. They said that they knew the information was in their care folder and some people had read this. Other people said they were not bothered about the folder but knew the information was available. An initial home visit was undertaken by one of the care coordinators prior to the service starting. The purpose of the visit was to gather information about the person's needs and to plan people's care and support.

A complaints policy was available and each person had this information within the care folder. Processes were in place to deal with any complaints received.

Quality assurance processes were in place which included observations of staff to ensure that care and support standards were being maintained, reviews of people's care and an annual questionnaire for people who used the service. Audits were undertaken in relation to the service provided and these monitored the services safety and effectiveness.

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.

People's medicines were managed safely.

Robust and safe recruitment practices were in place. Staff were trained and aware of how to protect people from abuse and harm and knew how to report any concerns.

Risk assessments were centred around the individual and their specific needs.

Is the service effective?

Good ●

The service was effective.

The registered provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The staff were aware of how to ensure that decisions were made in a person's best interests.

People were supported with the purchasing of food and meal preparation where detailed in their care plan.

Staff had access to relevant training and received regular supervision.

People were supported with their healthcare needs when needed and with the involvement of family members or representatives where appropriate.

Is the service caring?

Good ●

The service was caring.

People who used the service and family members said staff were kind, caring, helpful and friendly towards them.

Staff supported people to maintain their dignity, privacy and independence.

People had access to a range of information about the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and information was up to date.

People said they didn't have any concerns or complaints about the service. A complaints policy was in place and people knew how to make a complaint if they were unhappy.

Is the service well-led?

Good ●

The service was well led.□

The service had a registered manager in place.

A range of quality assurance systems were in place to monitor the service provided. Audits were completed with actions taken when appropriate.

Copies of policies and procedures were kept in the office for staff to access as needed. Key policies were included in the employee handbook and policies and procedures were reviewed and kept up to date.

Crossroads Care Cheshire West Wirral and Shropshire

Detailed findings

Background to this inspection

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

We inspected the service on 31 October and 1 November 2016. We gave short notice to the registered provider because we needed to be sure that staff would be available during our inspection visit. The inspection team consisted of an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law.

Questionnaires were sent to people who used the service and relatives prior to the inspection visit. Information from these is included in the report.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

On the days of our inspection we visited three people who used the service, spoke with three family members, the registered manager, and six staff members. Staff members included care coordinators, service coordinators and care staff. Following the inspection we spoke on the telephone to five people who used

the service.

We looked at a selection of records. This included seven people's care and support records, five staff recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe with the support they received from the care staff. Family members said that people were safe with the staff and parents said they would not leave their children with staff if they didn't think they were safe and could be trusted. Comments included "She's [staff] very good. We feel very safe", "I feel safe with the staff" and "I feel very safe and comfortable". One family member said they felt that the staff supporting her children were very safe and that they trusted them, she said "I totally trust the staff". Another family member said "[Name] is in safe hands".

People and family members said that staff always arrived on time, stayed for the allocated time and usually the same group of staff supported them. People told us that during the initial assessment times of calls were discussed with them. One person told us "The right timings have been arranged and that is so important to me" and another person said that the times of visits are good for them. They went onto say that the afternoon visit time is good as it takes a while for them to get up and have breakfast. We looked at the staffing levels and rotas. We saw that an on-line computer system was used which was password protected for added security. The system showed the availability of each staff member with regular calls displayed. Staff rotas were sent out to staff on a weekly basis. When changes were needed such as for sickness, holidays or new packages of care then the service coordinators checked the availability of the staff team and allocated calls accordingly. The service coordinators knew the staff team well and when changes were required they would attempt to match staff who had visited previously.

Some people told us they had support with medication administration. This ranged from full support with all aspects of medication administration to people being 'prompted' to take their medication. One person said "Staff prompt me to take my medication". People told us that their medication was stored in their preferred place within the home. A medication risk assessment was completed to show the level of support a person required with their administration of medication. Records showed these were up to date. Medication record sheets were in place which detailed the medication prescribed and the route to be taken and the time. Staff told us that they had received medication training and that they were aware of the registered provider's policy on medication guidance for staff. Training records showed that medication training was undertaken every two years and was up to date. Medication observations were also included in the spot checks undertaken by senior staff. Information was also included in the employee handbook in regard to medication awareness. This meant that people could be assured that staff had the necessary skills and knowledge to support them with their medication administration.

People and family members told us they felt safe with the staff team. Staff explained how they would keep people safe from harm. Staff were able to identify and describe different forms of abuse such as financial, sexual and neglect and told us they would inform the senior staff, registered manager or local authority if they had any concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the registered provider had copies of the local authority's policy and procedure on safeguarding adults and children from abuse. They also had their own adults and children's safeguarding policies and procedures. Staff said they were aware of the policies and understood the term 'whistle blowing'. One staff member said that it was about "Telling someone there is a problem with the service or a

staff member and that there wouldn't be repercussions on themselves for reporting it". Information on whistle blowing was also included in the employee handbook.

Staff told us about their recruitment processes and they said that the interview process had 'gone well' and that they felt 'at ease' during their interview. Staff recruitment files showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members previous employer. A Disclosure and Barring Service check (DBS) had also been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work with people who may be deemed vulnerable. Identity checks had been undertaken and copies of staffs driving licence, car tax and insurance and MOT had been obtained. Details of the staff member's car and insurance were undertaken to show that the driver is appropriately insured and that the vehicle is fit to be on the road. Copies of these documents were kept when staff used their own vehicles for work purposes; however four out of five records seen showed that certificates of insurance were out of date. This was brought to the attention of the registered manager who agreed to ensure these were brought up to date.

A wide range of risk assessments had been completed for people who used the service. These included the environment to ensure that it was safe for the person using the service and the staff member. It also included assessments on safer handling, social outings, behaviour management, falls and medication. Risk assessments were specific to individual people's needs and were up to date.

Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. Information included details of equipment used by the person, any significant health issues, control measures to be used and any other equipment required. Records showed that the PEEPs seen were up to date and regularly reviewed.

Is the service effective?

Our findings

People told us that the care and support they received from the staff team was effective. They said the staff knew them well and respected their needs and wishes in the way that they wanted to be supported. Comments included "Staff are very respectful", "I am happy to be looked after by the staff", "The staff are nice" and "The staff are brilliant".

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005, Best Interests and Lasting Power of Attorney (LPA). A LPA is where someone is appointed by the Court of Protection to make decisions on the person's behalf within specific areas of their life. The registered manager explained that no one was currently being deprived of their liberty. Staff said that they had received some training within the safeguarding training. One staff member told us "Any decision made must be in the person's best interest".

We saw that people had given their consent for the care and support they received. Care plans had been signed by people to confirm their agreement with the information within the care plan and how people's care needs would be achieved.

People told us that usually they or their family members contacted healthcare professionals such as the GP when needed. However, they felt that if they needed support the staff would help them. One person said "The staff have offered to send a staff member to support with hospital appointment if required" and another person said "If I go to a hospital appointment I can change the times of the visit to accommodate this". People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

Some people were supported with the purchasing of food and preparation of meals. One family member told us "It's a very good standard of care" and "The staff supports [name] with breakfast, drinks and encourages them to eat and drink". Care plans detailed where appropriate how to support people with nutrition and hydration. Details of meals prepared and food eaten were recorded in the daily notes. Staff told us they were aware of people's preferences and that information was noted in the care plan.

People and family members told us they thought the staff were experienced and were trained for their role.

Staff told us that they received the training and support they needed to carry out their role. Records showed that staff undertook a range of training. The registered provider used a computer based system to log all training undertaken and this highlighted to the staff when further updates were due. Training included moving and handling, medication, first aid, food hygiene, safeguarding, health and safety, communication, behavioural management and personal care. Staff said that they had undertaken the mandatory and refresher training as needed. A range of other training was available to meet the specific needs of people such as awareness of dementia, end of life care and supporting people with peg feeding. Peg feeding is where a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach. This meant that staff had access to courses which related to specific conditions that people who used the service may have.

Staff attended an induction programme at the start of their employment. One staff member told us about their experience. They said that the induction was "In depth" and "Very beneficial". They said that it "Set them up to do the job". The induction included a four day induction programme which was followed by the staff member shadowing an experienced staff member. The induction included practical sessions, workbooks and face to face learning. An induction checklist was used to ensure all relevant information was covered and at the end of the induction a care certificate was issued. Records confirmed this. Staff said that they shadowed another staff member until they felt ready to work alone; there was no set time that this would take and would depend on the individual staff member. Once they were deemed competent they would then be able to work alone in the community. Each staff member had a copy of the employee handbook which included a wide range of information about the company, terms and conditions and a range of policies and procedures. Staff signed to show receipt of this and records confirmed this.

Staff told us they received regular supervision sessions and annual appraisals. Staff said that they found the sessions "Very useful" and "They are very good and I can ask about my work and discuss training needs". Supervision sessions usually occurred every three months and records showed these were up to date. Staff were also invited and encouraged to attend staff meetings which were held quarterly. One staff member said that they always tried to attend and that they found them informative and could contribute if they wanted to. Records indicated meetings were held on a regular basis. This meant that staff had access to a range of support to assist them in their role.

Is the service caring?

Our findings

People and their family members told us that they were happy with the support they received and that staff were caring and responsive to their needs. Comments included "I have had three different carers and they have all been good", "The staff that visit are lovely and have built up good relationships with my children. Continuity is very important in the children's life as is social inclusion" and "Crossroads have excellent staff who deliver the care and support needed".

Staff explained how they would support people and ensure that their privacy and dignity was maintained. They said they would talk to the person letting them know what they were about to do. They would make sure doors and curtains were closed and that when supporting a person with personal care they would cover parts of the body with a towel to help maintain the person's dignity. Staff explained that they encouraged people to do as much as they could for themselves. One staff member explained about how with one person it depended on how well they felt to what they supported them with. The approach they used was to see how the person was feeling and then help the person to decide what they wanted to do.

Staff described people's individual situations and how they supported each person with care and support that was centred on their needs and wishes. From discussions we saw that staff were very knowledgeable about the people they supported and that time had been taken to get to know the client and their preferences. For example when working with children one of the staff told us that it was necessary to establish trust and understanding with the parents as well as building up a relationship with the child. They said that when the trust had been built up between the parents and staff member then they could start to work with and support the child. Another example was two siblings were supported by the agency, but they had very different preferences and wishes. Each person had their own support worker and went out and about undertaking their own preferred activities. This meant that the service provided individual care and support to people who used the service to ensure that person's needs and wishes were paramount.

People had access to information about the service. At the beginning of the service people received a welcome letter, information and guidelines for service users, carers and people with care needs using the service and the statement of purpose. The statement of purpose contained information about the aims and objectives of the agency; referrals and service delivery; personal care and support services; and information on how to make a complaint. Details of the registered manager and nominated individual were also within the document. A leaflet was also available about the scope of the services delivered by the agency. This contained information on how the service could support people; the type of services provided; and information about the company.

We saw the service had received a range of compliments which included cards, emails, telephone calls and letters. These were logged onto a database and shared with relevant staff members. Comments included "Thank you to you and all the team for everything you have done for us", "Thanks for the speed and efficiency shown from the referral to the start of the service", "Many thanks for your help and support", "[Name] looked forward to your visits and it was great for him to have another man in the house" and "I was unsure about having someone coming into my home, but [name] was amazing and lovely with my family".

Is the service responsive?

Our findings

People and family members told us that the staff were responsive to their needs, that staff listened to them and supported them to remain as independent as possible. Comments included "Staff listen to me", "Staff are very kind and very supportive", "The choice is mine as to what I do when the staff are here supporting me" and "We are really pleased. Initially we were anxious about carers coming in but [name] has been really responsive" and "The staff are very nice".

People told us about the support they received. They said that "The service so far has been of a good friendly standard", "They have good and interesting staff visiting [name]" and "The family member has spent time with the staff to show them their relative's routines".

A family member spoke with us about how important it was for their children to be supported by the staff. They said this helped the children build their confidence and stopped them becoming socially isolated. Another family member explained that having support for one of their children meant that they could spend time with the other children in the family and this helped improve the family life within the home.

People told us about how the staff supported them to remain as independent as possible and to maintain their social activities and be supported out and about in the community. People told us that they were supported to go shopping, visit the bank, visits to the park, garden centre or local cafes. This meant that people were supported to remain as independent as possible, follow their interests, take part in social activities and to help to avoid social isolation.

We reviewed the care plan documentation at the office and within people's homes we visited. We saw that care plans were written in a person-centred way. Person-centred care is a way of looking at and recording information that sees the people at the heart of the planning and developing care to make sure it meets their needs. Information in the care plans included personal details and next of kin, general health and medical history, all aspects of personal care and support and assessments to minimise risk to the person. We saw that these documents were up to date, had been signed by the person or their representative and had been regularly reviewed. People told us that they had regular contact with the registered manager or care coordinators regarding reviews of their care.

One person told us that they had only started using the service a few weeks ago and that the carer was "Very nice". Other people told us that they had been using the service for a number of years and that "The staff are brilliant". The registered manager explained that referrals were usually from the local authority or continuing healthcare commissioners. The care coordinator would visit the person and obtain full details of their needs and wishes and produce a care package tailored to meet those needs. If these were accepted by the person then a date to commence the service was arranged. Following the start of the package a full care plan and risk assessments would be produced and discussed with the person using the service and their representatives as appropriate. A review of the package was undertaken after six weeks and then an annual review was completed to ensure that package of care remained appropriate. Two 'spot checks' were carried out throughout the year on staff members, during which the opinions of the person who used the service

and family members were sought. Documents confirmed this. The registered manager explained that reviews could be scheduled more frequently dependant on the complexity of the care package and also in response to changing needs.

People and family members told us they knew how to raise a concern with the service. All the people we spoke with had not made any complaints but said they would speak to the staff or the registered manager if they had a problem. People said "I know who to contact if I needed to speak about a concern" and "I know who to speak to if I am not happy and I have a good relationship with the staff so I would raise it with them initially". People and family members told us that they were aware of the registered provider's compliments and complaints procedure. We saw it contained details of the complaints manager and timescales for the progress of the investigation. Information on how to contact other organisations such as the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC) was also included. The registered manager kept a log of all complaints and compliments which included details of the issue; follow up information and discussions.

Is the service well-led?

Our findings

People and family members told us that the service was well led and that generally the support from the registered manager and office staff was good. People said "I've been very lucky, the ladies are very nice", "They always check I am happy with the service", "Well organised" and "The staff are respectful".

A registered manager was in post and had been registered with the Care Quality Commission (CQC) since December 2015 (11 months). People supported, family members and staff spoke positively about the registered manager and said they felt supported by her.

People and family members told us that on occasion there had been problems with the support they had received. People were not informed beforehand when changes to staff were made, for example when a regular staff member is sick. Also occasionally a visit had not occurred, for example, one person said they should have an evening sitting service once a month so that they can go out and this did not always happen, due to lack of staff or not being flexible with the dates. However, people told us that this had improved over the last year.

People told us that their care package and the quality of the service provided were regularly reviewed with the care coordinators. They said that they visited them on a regular basis. Documentation confirmed this and comments included "Very happy with the service" and "All the staff are respectful".

People were asked by the service to share their views and questionnaires were sent out to people. The vast majority of responses were positive with people stating how the service was beneficial to them. Comments included "Good to have the same carer each week giving continuity", "The carers are caring, very patient and we are glad to see them", "I have always found the staff to be welcoming, helpful and polite", "Good service" and "We couldn't be happier with the service provided".

An employee survey was carried out in November and December 2015. Staff were asked to comment on communication within the organisation; training and development; leadership and job satisfaction. Staff said that they enjoyed their job and that they were supported by the management team. The registered manager explained that the findings from the survey were shared with the staff team at the team meeting and areas for improvement were discussed. For example within staff meeting minutes we saw that discussions had been held about improvements in documentation in people's homes was needed. Another meeting minutes showed that improvements had been made.

The area manager and registered manager completed a full audit of the service in June 2016. This was linked to the Care Quality Commissions five questions: is the service safe, effective, caring, responsive and well led. This included auditing the service user and employee files, health and safety and complaints. Each section included if the registered manager was up to date in that area, where relevant documentation was stored and any action needed. For example the previous audit highlighted discrepancies in the documentation within staff recruitment files. Following this audits of these files were undertaken and they had started to be brought up to date. This helped to demonstrate the effectiveness of the quality assurance

audit systems in place.

The registered provider had a business continuity plan in place which included details of the business continuity team; how to cope in the event of a fire, flood or explosion; details of where utility stop-taps were located; location of emergency evacuation packs; and task plan with the person responsible for each task noted. For example the emergency plan must be invoked by the Chief Executive Officer (CEO) within eight hours of the emergency occurring. This meant that the registered provider had considered the implications of a major emergency occurrence at the service and the steps needed to be put in place to manage this.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to the employee handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the registered manager and the area manager we saw that the ethos of the service was to be open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

Records were stored appropriately within the office. Care plan documentation and other personal information was stored in filing cabinets when not in use. The computer based systems were password protected for extra security. The registered provider had a policy on data protection and subject access guidance for staff and the registered manager told us that she and the staff team were aware of the policy and the implications of data protection protocols.