

Crossroads Care Staffordshire Limited

# Crossroads Care Staffordshire

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 15 March 2017 and was announced. At our previous inspection in August 2015 we had concerns that the service was not consistently safe or well led. At this inspection we found that improvements had been made and there were no concerns identified.

Crossroads Care Staffordshire provides a range of services to people in their own home. The services include respite services for carers, palliative care services, domestic homecare services, an emergency service, one to one and group activities. There were approximately 250 people using the service at the time of the inspection.

There was a manager in post who was in the process of registering with us. 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 felt safe and risks of harm had been assessed and minimised through the effective use of risk assessments.

People were receiving their medicines from trained staff when required.

There were sufficient numbers of suitably trained staff to meet people's needs safely. New staff were recruited through safe procedures to ensure that they were fit and of good character to work with people who used the service.

People were safeguarded from abuse as staff and the management knew what to do when they suspected potential abuse. The local safeguarding procedures were being followed.

People were receiving care from staff who felt supported and had received training to be effective in their roles.

People were consenting to their care or when they lacked mental capacity were being supported by their representatives to consent to their care.

When required people were supported to eat and drink sufficient amounts. Staff knew what to do if people became unwell or their health needs changed.

People were treated with dignity and respect. People's right to privacy was upheld and they were encouraged to be as independent as they were able to be.

People were receiving care that met their individual assessed needs and preferences and their care was

regularly reviewed with them.

There was a complaints procedure and people were confident that if they raised any issues they would be dealt with.

People, their relatives and staff had confidence in the provider and thought that the service was well led. Their views were regularly sought on the quality of care being provided and action was taken when shortfalls were identified.

The systems the provider had in place to monitor and improve the quality of the service were effective.

## 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 were safeguarded from abuse as the staff and manager knew what to do if they suspected someone had suffered abuse.

People felt safe and risks of harm were assessed and minimised.

The provider followed safe recruitment procedures when employing staff to ensure they were of good character and fit to work with people. There were sufficient numbers of staff to meet the needs of people who used the service.

People were receiving their medicines from staff that were trained to administer medicines safely.

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### Is the service effective?

Good 

The service was effective.

People received effective care and support from staff who had the knowledge and skills they needed to meet people's needs.

Consent to care was always sought in line with the Mental Capacity Act 2005.

Where required people were supported with eating and drinking sufficient amounts.

People were supported to maintain good health and had access to healthcare services to receive on-going healthcare support.

### Is the service caring?

Good 

The service was caring.

People who used the service and their representatives were treated with dignity and respect.

People's right to privacy was upheld.

People were encouraged to be involved in their care and to be as independent as they were able to be.

### Is the service responsive?

Good 

The service was responsive.

People received care that met their individual assessed needs and preferences and the provider was responsive when people's needs changed.

The provider had a complaints procedure and people knew how to complain and were confident that their complaint would be dealt with appropriately.

### Is the service well-led?

Good 

The service was well led.

There was a manager in post who was in the process of registering with us (CQC).

People who used the service, their relatives and staff spoke highly of the management and provider and of the standard of care being delivered.

The systems the provider had in place to monitor and improve the quality of the service were effective.

# Crossroads Care Staffordshire

## **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.

This inspection took place on 15 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to facilitate the inspection.

The inspection team consisted of 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.

We spoke to one person who used the service and fifteen relatives of people who used the service as most people were being supported or cared for by a relative. We spoke with two community support workers, a team leader and the acting manager. We contacted a commissioner of the service to gain their feedback on the service.

We looked at the care records for six people who used the service. We looked at the recruitment files for four members of staff, training records and the systems the provider had in place to monitor the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe with the carers and the care they received. One relative told us: "We feel safe; my relative really likes their carer". A person who used the service had recorded on a recent survey: 'this is a very stressful and life changing time and I feel safe and reassured that I am having the best care'. We saw that risks of harm to people were assessed and risk assessments put in place to support staff to care for people safely. We saw moving and handling plans were in place when people required support with their mobility. One relative told us: "My relative requires a stand aid to stand up and the staff know how to use it safely and effectively to support my relative". Staff we spoke with knew the risks associated with the people they cared for. One staff member told us: "We have care plans to refer to and they tell you what to do in most situations and in the beginning you get chance to shadow more experienced staff so you pick up on things that way".

People's relatives told us that the staff arrived on time and there were no issues with timekeeping or missed calls. One relative told us: "The timekeeping's brilliant. We've never had a missed call and we know who's coming when". Another person told us: "The timekeeping's spot on and we get a rota every week, if someone else is coming instead of our usual carer we get a phone call". Staff we spoke with told us that they had enough time to get to their next visit and that they received their rota on a weekly basis so they could plan ahead. We saw and staff confirmed that new staff were recruited using robust recruitment procedures to ensure that they were fit to work and of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with people.

At our previous inspection we had concerns that people's medicines were not always managed safely. At this inspection we found that improvements had been made. Previously some staff had been applying creams and administering 'as required' medicines such as pain relief when this had not been planned for. We found that since the last inspection staff had been reminded not to provide care or medicines that were not recorded on the person's care plan. All the staff we spoke with knew not to administer medicines that were not on the person's care plan. One member of staff told us: "If someone asked me to do something that wasn't on the care plan I would ring the office and ask if it could go on the care plan, I wouldn't just do it". All the staff received medication training and were not able to administer medicines to people until they had the training. One staff member told us: "I've just finished my medication training and I wouldn't do anything I'm not trained to do". We saw people's medication records were brought back into the office for auditing on a monthly basis to look for errors or gaps in recordings.

People were safeguarded from abuse and the risk of abuse as staff we spoke with had received training and recognised the signs of when a person may have been abused. One staff member told us: "They [the person] can become withdrawn or stop eating or there may be bruising. I would report anything like this to a team leader, we carry forms around with us to record any concerns". We saw that the manager had raised safeguarding concerns with the local authority when they suspected potential abuse had taken place. This meant that the provider was following the local safeguarding procedures in responding and reporting potential abuse.

## Is the service effective?

### Our findings

People we spoke with told us they felt the staff that supported them were effective in their roles. One relative told us: "I haven't got a bad word to say about them, I have confidence in them". Another relative told us: "The staff are good I have every confidence in them", and another relative told us: "They are so punctual, very thorough and the staff are very helpful". New staff had a period of induction which included training and shadowing of more experienced staff members. Staff received regular support and supervision from a member of the management team through meetings on a one to one basis and spot checks, where the manager would turn up unannounced at a visit. Staff told us and we saw records that confirmed that staff received these supervisions and checks on a regular basis. A member of staff told us: "I'm sure if I asked for training in anything I would get it". There was a training programme and the provider ensured that staff received training in all the areas that they were expected to deliver care in including specialist training such as diabetes and autism.

Most people who used the service had consented to their own care. When they lacked the mental capacity to agree to their plan of care their representatives had been involved in the decision making process and a decision made in the person's best interest. 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. People told us that staff always gained their consent before carrying out any care. One relative told us: "They always ask my relative and give her opportunities to decide".

If required, people were supported to eat and drink sufficient amounts of food and drink. Most people required encouragement to make simple snacks or a reminder to eat and drink. However, some people required more intensive support such as with a percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. A member of staff we spoke with who was supporting someone who had a PEG told us that they had received training in how to use the PEG. We saw if there were identified concerns about people's eating and drinking staff recorded what was offered to eat and what was consumed.

Staff we spoke with knew what to do if someone they cared for became unwell and they had received emergency first aid training. Some people required support to attend health appointments and we saw that staff supported people with this when required. If required the staff liaised with other health care agencies such as district nurses to best meet the health care needs of people.



## Is the service caring?

### Our findings

All the people we spoke with told us that the staff were caring and kind. A person who used the service told us: "I have a fantastic rapport with my two main carers". A relative told us: "I feel the staff care; they talk to my relative and have a laugh with her". Another relative said: "Our carer is lovely; he talks to all of the family". Staff we spoke with demonstrated a caring and respectful manner when talking about people. A relative told us: "We are completely thrilled to bits with them. I can't fault them at all. If we need any information or advice they will get it for us and they are absolutely fantastic and I would definitely recommend them".

People told us that the staff respected people's right to privacy. One person said: "The staff always knock on the door and introduce themselves when they come in". A member of staff told us how they would protect a person's dignity by making sure doors were shut when supporting a person with personal care and keep the person covered with towels to protect their modesty. The same staff member told us how they supported one person into the community and how the person didn't want the staff to wear a uniform when escorting them. This had been agreed so the person's dignity was being respected and the public would not know they were being supported by a carer.

People were encouraged to be as independent as they were able to be. We saw that care plans actively encouraged staff to ensure people did as much as possible for themselves as possible. A member of staff told us: "If I am helping a person to prepare their lunch I am encouraging them to do as much as they can for themselves, it's all about people being independent". A relative told us: "I am really happy with the care as they encourage my relative to do as much as they can themselves.

People were involved and kept informed of any changes in relation to their care. One relative told us: "The office staff always phone up if there are going to be any changes". Another person told us: "I've been more than satisfied with the contact I've had. They're a lovely team". Another relative told us: "The staff are very caring and they always explain things before doing anything". This showed that people were being respected and any issues about their care were being discussed with them.

## Is the service responsive?

### Our findings

People's individual needs were assessed prior to the provider agreeing to provide support to them. We saw and people told us that people and their relatives had discussed their care needs at an initial assessment. People's likes, dislikes and preferences were recorded and staff we spoke with knew people's needs.

Individual care plans to support staff to care for people were drawn up based on the information gained at the initial assessment. One staff member told us: "If we get a new person to look after we will always get a copy of their care plan first and a discussion with the team leader. I always check the care plan when I first turn up at the call although the office would usually contact us if anything has changed". People's care was regularly reviewed with them and their relatives at meetings and the care plans up dated if necessary. A relative told us: "They [the management] are always on the phone if anything changes".

People received differing levels of care and support from the service. Some people just required someone to sit with them whilst their relative went out, other people required personal care and help with household tasks and some people required supporting into the community to participate in hobbies and interests of their choice. We saw that people's care plan clearly detailed what support and care needs each person had.

People told us that the service offered consistency and yet was responsive to their changing needs. One relative told us: "We've had no problems at all. The service is very good. It's flexible and works well with us. We've got one or two regular people who've got to know him and what he likes. We would recommend the service". Another relative told us: "It's all very positive and things are working very well. The stimulation they provide is good and it's a regular person that they really like. I can't speak too highly about them. We get a rota and the service is absolutely brilliant at communicating. They give her the time and do things like doing her hair and painting her nails. As well as being flexible to our needs. I would definitely recommend them". Another relative told us: "We've had the same regular carers for years and we are very happy".

People and their relatives told us they knew how to complain if they needed to. One person told us: "I've never had any concerns and if I did I would ring the office". Another relative told us: "If I had any doubts about anything I would just ring them up". The provider had a complaints procedure and we saw that any complaints received had been investigated appropriately and according to the procedure.

# Is the service well-led?

## Our findings

Since the last inspection a new manager was in post and they were in the process of registering with us (CQC). At our previous inspection we had concerns that the systems the provider had in place to monitor and improve the service were not fully effective, at this inspection we found these concerns had been addressed.

People who used the service and their relatives told us that the service was well led and that they would recommend the service. They told us that staff were on time, effective in their roles, were responsive to their needs and kind and caring. One relative told us: "Crossroads are very good. All the staff are great and we're quite satisfied with the service. I'd recommend it". Another person said: "I'm very pleased with the service. The staff are lovely and are very good. We are very pleased with them and they are a lifeline to people like us".

People and staff were asked their views on the quality of service at regular meetings and through annual questionnaires. One person told us: "The communication side of things is excellent". We saw comments on one person's recently completed questionnaire and saw that they had complained about one staff member's conduct. We saw that action was taken to address the complaint with the staff member through formal supervision.

We saw the provider completed regular quality checks of the service and randomly sampled staff files and care plans to ensure they were up to date. We saw that people's daily records and medication charts were checked by team leaders and action taken if any issues were identified. For example, we saw on one person's daily record that a member of staff had attended to a task that was not in the person's care plan. We saw that this was addressed with the member of staff in supervision.

Staff received regular support, supervision and training to ensure that they provided good quality care. Staff told us and we saw there were regular staff meetings which informed staff of any planned changes and addressed issues such as our findings at our last inspection. Staff we spoke with told us that the manager and management team were approachable and supportive. One staff member told us: "They [management] are really supportive. Everything is well organised and set out in stone to ensure good standards. There is an on call and we can always speak to someone if we have concerns".

The provider was notifying us (CQC) of significant events as they are required to, such as safeguarding's incidents and serious injuries.