

Crossroads Together Ltd

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Inspection report

The Thicketford Centre
Thicketford Road
Bolton
Lancashire
BL2 2LW

Tel: 01204365025

Website: www.crossroadstogether.org.uk

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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

Crossroads Together Ltd is a Carers Charity that helps support carers. They offer a variety of personal care and respite packages aimed at providing support for carers to help meet their individual and specific needs and those of the people they cared for. The Bolton office is the head office for services across Greater Manchester. At the time of the inspection there were 330 people being supported by the service.

The service was managed by two registered managers as two area offices had closed; therefore the whole of the Greater Manchester services were overseen from the one office location in Bolton.

Safeguarding and whistle blowing policies were in place and the service had a designated safeguarding lead person. Staff were knowledgeable about how to record and report any concerns.

There was a strict recruitment policy in place and checks were undertaken to help ensure people were protected from the risk of unsuitable staff. Staffing levels were continually assessed to ensure there were sufficient numbers

Staff had undertaken training in infection control and were issued with personal protective equipment to help minimise the risk of cross infection. Medicines were managed safely; staff had received training in medicines administration and had regular refresher courses and competency checks.

Staff had completed a thorough induction on commencing work at the service and training was on-going. Staff supervisions and observations of practice were undertaken regularly.

Care files included relevant information around health and well-being. Consent was obtained where required and the service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

All the people we spoke with were positive about their experience of the service. The care records demonstrated that people were involved with care planning and support.

There was appropriate information given out in the form of a customer information folder. The service endeavoured to be inclusive and supportive to everyone. All staff we spoke with were able to explain the importance of confidentiality, dignity and privacy. There were appropriate policies in place relating to these areas.

The service made efforts to ensure consistency of staff and people we spoke with felt the service was flexible. Care plans were person-centred and included relevant personal information. People were supported to take part in activities that they enjoyed in and out of the home.

There was a complaints policy in place which was outlined in the statement of purpose and the customer information folder.

People who used the service told us the managers and office staff were approachable and easy to get hold of when needed. Staff told us they received good support from management with regular supervisions and staff meetings.

Feedback was sought from people who used the service on a six to eight weekly basis. Audits and quality checks were undertaken to help ensure continual improvement of the service delivery. The service worked in partnership with other local groups.

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.

Safeguarding and whistle blowing policies were in place and staff were knowledgeable about how to record and report any concerns.

There was a strict recruitment policy and checks were undertaken to help ensure people were protected from the risk of unsuitable staff. Staffing levels were continually assessed to ensure there were sufficient numbers

Medicines were managed safely; staff had received training in medicines administration and had regular refresher courses and competency checks.

Is the service effective?

Good ●

The service was effective.

Staff had completed a thorough induction on commencing work at the service and training was on-going.

Staff supervisions and observations of practice were undertaken regularly.
Care files included relevant information around health and well-being.

Consent was obtained where required and the service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good ●

The service was caring.

People were positive about their experience of the service. The care records demonstrated that people were involved with care planning and support.

There was appropriate information given out in the form of a customer information folder. The service endeavoured to be

inclusive and supportive to everyone.

Staff were able to explain the importance of confidentiality, dignity and privacy. There were appropriate policies relating to these areas.

Is the service responsive?

Good ●

The service was responsive.

The service made efforts to ensure consistency of staff and people felt the service was flexible.

Care plans were person-centred and included relevant personal information. People were supported to take part in activities that they enjoyed in and out of the home.

There was a complaints policy in place which was outlined in the statement of purpose and the customer information folder.

Is the service well-led?

Good ●

The service was well-led.

People who used the service felt the managers and office staff were approachable and easy to contact.

Staff told us they received good support with regular supervisions and staff meetings.

Audits and quality checks were undertaken to help ensure continual improvement of the service delivery. The service worked in partnership with other local groups.

Crossroads Together Ltd

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 was a comprehensive inspection which took place on 11 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure a registered manager would be available to facilitate the inspection.

The inspection was undertaken by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted the relevant local authority commissioning teams and the local safeguarding teams. This was to gain their views on the care delivered by the service. We did not receive any negative comments about the service.

During the inspection we spoke with the two registered managers, who run the service jointly from the Bolton office. We also spoke with the quality and compliance officer, the deputy Chief Executive Officer and operations manager, the business support officer and ten members of care staff. We spoke face to face with seven people who used the service, and contacted a further 22 people by telephone following the inspection visit to gather their views. We also gained the views of two people via e mail. We spent time at the office and looked at ten care files, 12 staff personnel files, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits.

Is the service safe?

Our findings

There were up to date and appropriate policies and procedures in place with regard to safeguarding adults and children. The service had a designated safeguarding lead person to ensure new information was accessed and disseminated to staff in a timely way. Care staff we spoke with were confident and knowledgeable about safeguarding and how to record and report any concerns. The service also had a whistle blowing policy, which staff we spoke with were aware of. This enabled staff to safely report any poor practice they may witness.

The service used two separate computer systems to record and monitor information. The Pass and the Web roster systems. One of the functions of the Pass system was to record staff details, car insurance and MOT documents, training records and staff supervisions. It also documented initial enquiries from potential users of the service.

There was a strict recruitment policy in place. We looked at 12 staff files which were held electronically and saw that recruitment was robust. Each file included an application form with a full employment history, two references, a work health assessment, terms and conditions of employment and proof of identity. There were Disclosure and Barring Service (DBS) checks for each employee. DBS checks identify people who are barred from working with children and vulnerable adults and inform the service provider of any criminal convictions noted against the applicant. These checks help to ensure people are protected from the risk of unsuitable staff.

We saw that staffing levels were continually assessed to ensure there were sufficient numbers, and flexibility and continuity could be offered. A recruitment drive was being undertaken to help keep sufficient numbers of staff and the service did not have any staff on zero hours contracts. This helped with recruitment and retention of staff.

Staff were required to wear an identification badge when working and all staff were issued with company Smart phones linked to Web roster which contained information about the people they were visiting and the tasks to be completed. Staff also logged in and out at people's homes by use of a bar code. All information was immediately relayed to the office, ensuring that office staff were alerted if staff did not arrive, if any problems or concerns were encountered on the visit or if any tasks were not completed. This enabled managers to follow up any issues in a timely manner, helping to ensure the safety and well-being of people who used the service.

Staff we spoke with told us an out of office on call system was available for advice and support if needed. There were details of the out of office system and contact numbers for staff and service users to access. This helped staff feel supported and people who used the service to be kept safe. There was an information sheet for staff to read regarding safety. The aim of this was that 'prevention' was key to keeping service users and staff safe.

We saw an up to date infection control and prevention policy, which staff were aware of. Staff had

undertaken training in infection control and we saw that they were issued with personal protective equipment (PPE), such as plastic aprons and gloves, for use when administering personal care. This helped minimise the risk of cross infection.

Staff had received training in medicines administration on induction and were aware of safe storage, administration, recording and management of medicines. Regular refreshers were undertaken by staff and checks were carried out to help ensure skills remained appropriate. There was clear information in the care files about people's needs regarding medicines and real time alerts were sent via the Web roster system when any issues, such as refusals of medicines or errors occurred. This helped ensure issues were followed up promptly.

There was a health and safety policy and general and individual risk assessments were in place to help keep people who used the service and staff safe. Accidents and incidents were recorded and reported promptly and there was a policy and procedure for staff to follow with regard to accidents.

Is the service effective?

Our findings

People who used the service told us they were happy with the support they received. One person told us, "If they [staff] see anything that needs doing, they do it". Another said, "I have no issues at all. The staff do everything they are asked to do".

All staff spoken with confirmed they had completed an induction course on commencing work at the service. One staff member we spoke with was on induction on the day of the inspection. Most staff we spoke with had worked for the service for a long period of time and they told us they did not feel under pressure with regard to their roles. Staff commented that the induction was really good and there were plenty of opportunities for on-going training. One staff member commented, "We get training that is relevant to our role and the people we are caring for". We saw that 73% of staff held a minimum of National Vocational Qualification (NVQ) level 2 in care.

Staff completed the Care Certificate when they commenced work at the service. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life and includes all mandatory training, including confidentiality, personal care, medication, safeguarding children and adults, moving and handling, food hygiene, risk assessments, dementia awareness, communication and managing behaviours.

We saw that refresher training was undertaken for all mandatory subjects on a regular basis, to keep skills and knowledge up to date. There were also opportunities for more specialist training, as required, such as autism, end of life care, epilepsy, suction and percutaneous endoscopic gastrostomy (PEG) feeding. This is when a person is unable to eat their food orally and receive it through a tube into their stomach.

Staff supervisions were undertaken four times yearly and included an observation of practice. We saw supervision notes within the staff files we looked at. There were also annual appraisals for all staff, which provided an opportunity for staff to reflect on their achievements of the last year and look at training and development needs for the future. There was an employee handbook which was a source of information and guidance for staff to use.

We looked at ten care files which were kept electronically by the service. Hard copies of the care records were kept in people's houses. The records included an assessment of the person's needs, tasks required and how to complete them and relevant information about health and well-being.

Outcomes required by the person were recorded to ensure staff understood what the person wished to achieve with the support. We saw that the service worked with other agencies, such as dietitians, GPs, district nurses and speech and language therapy teams (SALT) to obtain the best outcomes for people. We saw that staff completed records via their Smart phones to document how the person was, what tasks had been completed and if they had not been completed the reason why this was, and any other information required.

Information within care records could be accessed by people who used the service. The service made efforts to ensure information was presented in a way that was appropriate for people to access. For example, there was a children's feedback form on which they could draw or write their feelings about the care received. The service also offered sign language, pictorial representations of information and independent advocacy where required.

We saw that consent was obtained for issues such as permission to share information with other relevant professionals. Staff told us they asked for consent before performing any task and people who used the service confirmed this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with had undertaken relevant training and demonstrated an understanding of the principles of the MCA. There was evidence of best interests decision making within the care files we looked at.

Is the service caring?

Our findings

We spoke with people who used the service and all were positive about their experience. Comments included; "A very good service, particularly when you have a problem"; "I have used the service for 15 years and we have become good friends"; "Without this service I would not be standing. When I went through some issues they were there through it all"; "They never leave you hungry. They give you peace of mind and comfort that everything is being dealt with"; "I can't tell you how much better my life is, the service has taken the stress out of my life and given me my life back"; "Crossroads do more than you ask them to. They are far superior to other care agencies"; "Wonderful, wonderful. My [relative] and I have now become members of Crossroads as we are so taken by their kindness"; "The best thing that could have happened to me. Can't praise them enough"; "We are truly blessed to have such caring and thoughtful people in our lives".

Staff we spoke with told us they enjoyed their work and were happy with the service they were employed by. One staff member we spoke with said, "It's the best job I've ever had". Another told us, "Being able to be supportive and help means you become people's friend as well".

The care records we accessed demonstrated that people who used the service were involved with care planning and support received. We saw that people were encouraged and supported to be as independent as possible and to take control of their lives as far as they were able.

There was a customer information folder which included the service's mission and values, information about the management, support provided, workers and quality assurance. There was information about consultation events, local events and fund raising and annual customer satisfaction surveys. The service also produced a statement of purpose. This included the philosophy and objectives of the service, strategic context, services offered and information about the management and staff.

We saw the service's policy about diversity and equality and the service endeavoured to be inclusive and supportive to everyone. We saw that they supported some people from ethnic minorities and had been involved with assisting them with form filling, applications for assistance and sign posting to other services. Carers who were multi-lingual could be offered to support people to help with understanding and feeling comfortable.

The service was signed up to the dignity in care initiative and staff had undertaken training in dignity, equality and diversity. All staff we spoke with were able to explain the importance of dignity and privacy when providing care services. One person who used the service told us, "They [staff] are all sensitive to [relative's] needs and treat [relative] and the rest of our family with the utmost respect".

There were appropriate policies relating to confidentiality and data protection. Staff we spoke with were aware of the importance of confidentiality and told us all personal information would be treated with respect by them.

Is the service responsive?

Our findings

We saw from the records that there was an introductory meeting with new people to the service and they told us this allayed some fears they initially had. Compatibility between workers and people who used the service was considered and people's preference for a male or female staff member were respected, demonstrating the service's commitment to providing choice.

The service endeavoured to ensure consistency of staff within the service, which people told us was extremely important to them. One person said, "We have five regular carers who support with [relative]". A third said, "You get to know them [staff] when they keep the same ones. You've got continuity. You have a little team. When the regulars are off they send the same carers to cover".

People we spoke with also felt the service was flexible and would alter the hours to suit the changing needs. One person told us, "They are flexible when there are changes or issues" another said, "Emergency hours were put in place [when there was a family emergency] to keep the routine and avoid issues".

The care plans included sections on 'What is important to me'. This included faith, activities and hobbies, routines, family, concerns and communication. People's aspirations and the outcomes they wished to achieve from the service were documented and we saw that they were encouraged to achieve their personal goals.

People were supported to take part in activities that they enjoyed in and out of the home. One person who used the service said, "They [staff] take me out in my car wherever I want to go. They talk to me and do things with me when I am at home. They help me with my iPad and we watch films together. Sometimes they paint my nails or put plaits in my hair. Sometimes I get upset and they will give me a hug to make me feel better".

There were weekly drop-ins, social groups and memory and melodies sessions held in local community buildings around the region for people to access. Focus groups, carer forums and other social events were also held throughout the year to provide support for carers and gain feedback on the service people received.

There was a seasonal newsletter produced by the service for all to access. This included information about fundraising events held and money raised. There were also details of long service awards for staff.

An annual review of the service was carried out by the provider and the results were available to all. The information from the 2017 review showed that 97% of people who used the service were happy with the support they received.

We saw a CEO's report, which was available on the provider's website. Compliments from the report included. "Thank you for sending three excellent carers to help look after [name]. I could not have managed without the care and support of [carers]. They are outstanding"; "I would like to say thank you for your

support over the years [relative] lived with us at home. It is fair to say that we would not have been able to care for [relative] for such a long time without it and we really appreciate it"; "I cannot thank you enough, all of you for the love, care and support you gave to my [relative] but to myself and family unit. I not only miss [relative] greatly but miss you all too. I thank you for the opportunity of meeting and having people like yourselves in [relative's] life".

There was a complaints policy in place which was outlined in the statement of purpose and the customer information folder. One complaint had been received and dealt with appropriately in the last year and there had been 21 written compliments sent to the service.

Is the service well-led?

Our findings

There were two registered managers who ran the service jointly since two of the area offices had closed, therefore the whole of the Greater Manchester region was overseen from the one Bolton office location. 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 who used the service told us the managers and office staff were approachable and easy to contact when needed. One person told us they had been given confidence from having a chat with the managers and that they had followed through on the discussion with actions. Another person told us, "The response on the phone is excellent. There is always someone there who is welcoming and keen to help".

Staff we spoke with told us they received good support from management with regular supervisions and staff meetings. We saw minutes of staff meetings which included discussions about electronic systems, recruitment and new business. Those staff who were unable to attend a meeting had minutes sent out to them and they told us they only needed to ask about anything they were unsure of. One staff member told us, "The management and the office staff are really helpful and supportive". A second said, "They [management] are supportive and you could ask if you had any problems". A third told us, "You can discuss everything and they communicate via e mails and calls. There is always somebody there and support is available via the out of hours on call". A further staff member we spoke with said they had received one to one assistance from one of the office staff with the technology, which they really appreciated. They told us the system was easy to use.

Feedback was sought from people who used the service on a six to eight weekly basis. We saw some comments from this feedback which included; "The service is excellent [relative] gets to do activities she loves"; "First rate service with excellent care given to client. Would definitely recommend to someone needing this service"; "Just keep doing what you do for all of us".

The service held Parent Carers Forums, the last one having been held in December 2017. Parent Carers questionnaires were regularly sent out to gain the views of parents of children who used the service. We saw the service's initiative entitled, 'You Said - We Did' where suggestions were put forward and where appropriate acted on.

Audits and quality checks were undertaken to help ensure continual improvement of the service delivery. Electronic alerts received were analysed to look at any issues that may need to be addressed.

We saw the service had set out their rationale for 'Why audits are necessary', which stated the 'Aim of quality audits is to assist in the continuous improvements of Crossroads Together'. The procedure was to offer a reliable picture about the service to enable managers to take preventative and corrective action needed to enable improvement and to provide valuable information for further quality analysis. For example, incidents

were documented, audited and causes analysed to look at any patterns or trends so that relevant changes could be made where required.

The service produced a monthly report around outcomes for people who used the service so that these could be monitored. There was a board of trustees to take a strategic overview of service provision. Minutes of the board of trustee meetings and annual general meetings were recorded and held electronically.

We saw that staff took part in fund raising events and had raised £10,000 via different events to invest in the 'Carers in Crisis' fund. The service worked in partnership with other local groups, such as being members of the Bolton Together Consortium, involved with the Care Act Carers meeting with Bolton Council, the Equality Target Action Group Network facilitated by NHS Bolton CCG, Young Carers Partnership Meeting, Bolton Dementia Partnership Board, Voluntary Community Sector Conference, Trafford Strategic Forum, Oldham Voluntary Community and Faith Partnership meeting, Rochdale Health and Well-being Partnership, Rochdale Voluntary Sector Forum meeting and Sale Locality Partnership Event.