

Crossroads Care Cheshire, Manchester &  
Merseyside Limited

# Crossroads Care Cheshire West Wirral Shropshire

## 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 was carried out on 4 and 6 January 2017 and was announced.

Crossroads Care Cheshire West Wirral and Shropshire is a domiciliary care agency that provides personal care and support to people in their own homes. They provide support to 'Carers' who care for people with illnesses or disabilities. At the time of our visit the agency was providing a service to 69 people who were receiving the regulated activity of personal care. The frequency of visits and duration across the service varied dependent on people's needs.

There was a manager in post who was present during the inspection. The manager was in the process of applying to become registered manager for the service. 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 and their relatives felt safe with the care and support provided by staff both within their homes and when they went out with them. Staff were aware of the risks associated with people's needs and how to minimise these without restricting people's choice and independence.

Staff were knowledgeable about the different forms of abuse and knew how to recognise and respond to concerns. Where concerns had been raised these had been appropriately reported to the local authority safeguarding team.

There were enough staff to safely meet people's needs and staff were allocated sufficient time to travel between calls. People received consistent support from regular care staff. Before any new staff started work, the provider carried out checks to ensure they were suitable to work with people.

Staff had the skills and knowledge to meet people's individual needs. Staff received training relevant to their roles and the needs of individuals they supported. Staff felt well supported in their roles and could contact management for guidance at any time.

Staff sought people's permission before supporting them. People were provided with information in a way they could understand to enable them to make decisions for themselves.

People were very complimentary about the care and support they received. People felt that staff were caring, kind and patient. They felt staff listened to and involved them in their care.

People were treated with dignity and respect. Staff spoke about people with warmth and respect for their individuality.

People received a flexible service that was tailored to their individual needs and preferences. Staff had formed positive working relationships with people and their relatives. People were supported by staff who knew them well.

People and their relatives were encouraged to voice their opinions on the quality of care and support they received. People had not had cause to complain but were confident that should the need arise these would be dealt with promptly.

The manager had a clear vision for the service which was shared and worked towards by the staff team. There was a positive working culture where staff felt valued and listened to.

The provider had a range of checks in place to monitor the quality and safety of the service and drive improvements.

## 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 supported by staff who knew how to recognise and report abuse.

Staff were aware of the risks associated with people's needs and how to minimise these.

There were enough staff to meet people's needs. People received consistent support from regular staff.

### Is the service effective?

Good ●

The service was effective.

People received support from skilled staff who had received training relevant to their role and people's individual needs.

Staff sought people's consent before supporting them and helped them make their own decisions.

Where required, people were supported to eat and drink enough.

Staff monitored people's health and referred them to health professionals as necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff had formed positive working relationships with people and their relatives.

People were involved in decisions about their care and felt listened to.

### Is the service responsive?

Good ●

The service was responsive.

People received a flexible service that was tailored to their individual needs and preferences.

People were supported by staff who knew them well and were able to recognise and respond to changes in their needs.

People and their relatives felt able to raise concerns and were confident that these would be dealt with promptly.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives found management easy to talk with.

There was a positive working culture where staff felt valued and listened to.

The provider monitored the quality and safety of the care and support to drive improvements in the service.

# Crossroads Care Cheshire West Wirral 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.

This inspection took place on 4 and 6 January 2017 and was announced. The provider was given notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with one person who used the service and fourteen relatives. We spoke with 7 staff which included the manager, the operations manager, two care coordinators, and three care staff. We viewed three care records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, quality assurance processes and recruitment records.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with the care and support provided both within their home and when they went out with staff. Relatives were confident that their family member was in "Very safe hands." They had trust in the service because they were visited by regular care staff. For example, one person said, "I have been supported by [Staff member's name] for nearly two years. She is a very kind and sensitive person. I feel completely secure in her company. I have no qualms at all." A relative told us, "[Staff member] is our carer and they are totally reliable. [Staff member] encourages my partner to do as much for them self as possible, but ensures their safety at all times."

We looked at how people were safeguarded from abuse and avoidable harm. Staff we spoke with were able to describe the different forms of abuse such as physical and emotional abuse. They demonstrated that they knew how to recognise the signs of abuse and how to report any concerns. All the staff told us they would not hesitate to report their concerns to the office. They told us they were notified of any policy updates and had the relevant contact numbers for outside agencies. The provider had appropriately notified the Care Quality Commission of concerns of abuse and had referred these to the local authority safeguarding team.

People were protected from risks of harm by staff who knew what support and equipment they needed to keep them safe. Staff told us they ensured that they aware of people's needs by reading their care plans and risk assessments which were always in place before they started working with a person. They would also look out for and report changes in people's needs and ensure they monitored the environment for any hazards. One staff member told us people's relatives depended on them to keep their 'loved ones' safe so that they could feel relaxed when they went out. In order to do so they said, "You have got to be alert all of the time." Another staff member told us it was up to them to keep people safe and they were constantly assessing for any risks. We saw that there were detailed risk assessments in place for supporting people in their home and when they went out with staff. These included risks associated with their mobility, health needs and outings. For example, we saw that one person needed to take their medicines with them when they went out.

Staff demonstrated they would take appropriate action in the event of an accident or incident. They would ensure the persons' wellbeing and seek medical attention if required. They would subsequently contact the office. The accident and incident forms were overseen by the manager and head of operations to ensure processes were followed. The outcomes of incidents were shared with the board of trustees who monitored for trends.

There were sufficient staff to meet people's needs in a safe and timely manner. People and their relatives told us that staff were seldom late and would contact them to let them know if they were running late. For example, one relative told us they had been supported by the same staff member for over nine years and they had only been late once when their car broke down. The staff member contacted them to inform them what was happening.

Staff we spoke with felt there were enough staff to meet people's needs safely. They were allocated

sufficient time to meet people's needs in an unrushed manner and to travel between calls. One staff member told us they would tell the provider if they did not have enough time and were confident that they would adapt their rota to suit. The manager told us that staffing was a challenge and they were exploring different ways to recruit and retain staff. For example, they now offered contracted hours. In the meantime the manager only took on additional work as staffing levels allowed to ensure people's needs could be safely met. In the event of sickness or emergencies office staff were appropriately trained to provide cover when needed.

The provider had safe recruitment procedures in place. Staff told us and we saw that the provider completed employment checks before new staff worked with people. These included the provision of two references and checks with the disclosure and barring service (DBS). The DBS helps employers to make safer recruitment decisions. We saw that the provider also ensured that staff had the appropriate insurance in place to use their vehicles for work.

None of the people we spoke with had help with their medicine. However, we looked at the systems and records the provider had in place for people who needed help to take their medicine. Staff told us and we saw that they received training in safe handling of medicines before they administered people's medicine. We saw that staff completed medicine administration records and that these were audited by office staff on a monthly basis. The provider had developed systems and procedures to ensure people received safe assistance and support with their medicines, where they needed this. Staff confirmed that 'spot checks' were regularly undertaken to monitor their competency.



## Is the service effective?

### Our findings

People and their relatives told us they felt staff had the skills and knowledge to meet people's individual needs. One person said, "[Staff member] has a great way of getting me to concentrate. I am very sleepy most of the time, but [Staff member] knows how to encourage me. I really enjoy their company. They are very professional and caring. I couldn't ask for more." A relative told us, "I have complete confidence in the way [Staff member] looks after my partner in my absence. They went on to say, "[Staff member] is well trained to relate to people with dementia." Another relative said, "We feel so much better with the contribution that [Staff member] makes to our lives. They bring a smile to my partner's face and are a great support to me. I feel that I am not having to deal with this dreadful condition (dementia) all alone. This is very comforting to me."

Staff felt well supported by the management and office team. They felt they could approach either at any time for guidance and support. They received a yearly appraisal and regular one to one meetings where they had the opportunity to discuss and receive feedback on their practice. They felt these meeting were important as they were able to identify and request training to meet their development needs. Staff were positive about the training manager and about the quality of training they provided. One staff member told us they found the training manager to be "brilliant" as they were very good at explaining things on a practical basis using case scenarios. They felt this helped them understand how to better support people. Another staff member told us they found the dementia training very beneficial as they were able to relate it to people they supported and gain greater insight into their experiences. Another staff member found the manual handling training updates useful as it taught them how best to support people to move around safely.

The provider employed their own training manager who facilitated face to face and on line learning. The training manager also facilitated the staff induction programme which followed the requirements of the care certificate. The care certificate is a nationally recognised award which trains staff in the standards of care required of them. Staff then worked with other staff until they were deemed competent and able to work alone. We saw that the provider had systems in place to monitor staff training requirements and when refresher training was due.

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 and their relatives told us that staff provided support and encouragement to involve them in decisions and activities. For example, one relative told us, "[Staff member] has a great knack of getting my partner going. [Person] is difficult to motivate but [Staff member] is very clever in the way they talk about the past and involves them with looking at photographs that bring back happy memories for [person]. Another relative said, "[Staff member] always asks [Family member] what they want to do and they get on and do it. They are always laughing and joking. [Staff member] has a special kindness. That leaves me with time to go out and do what I want to do. I have complete trust in them."

Staff had received MCA training and told us they encouraged people to make decisions for themselves where able. They always asked people's consent before supporting them and were clear that they should respect people's decisions. One staff member told us, "We never make people do things they do not want to do." They went on to tell us where people had difficulty communicating verbally they would observe their body language to establish if they were comfortable with what was being asked of them. Another staff member told us they spoke to people in a way they could understand and adapted their approach to the person's preferred method of communication. They recognised that people living with dementia could become confused if offered too many options and therefore gave them two options to choose from. We saw that people's care plans detailed the support people required to enable them to make decisions about their care and support. The manager and care coordinator demonstrated they were aware when mental capacity assessments were required. In the event of a person lacking the mental capacity to make certain decision they said they would liaise with people, their relatives and relevant professionals to ensure people's rights were protected.

None of the people we spoke with had support with their dietary needs as these were catered for by their relatives. We saw that people's dietary needs were assessed and measures put in place to address any risks associated these. For example, we saw in one person's care plan that they were at risk of choking and that there were guidelines in place for staff to add thickeners to their drinks. Staff demonstrated they were aware of people's different dietary needs and the support they required to eat and drink.

People were supported by regular care staff who were able to recognise any changes in their needs. Should the person become unwell during their visit staff told us they would either contact the relatives or the office. In the event of a medical emergency they would seek immediate medical attention. People's care records recorded detail of their health needs and the professionals involved such as GPs and speech and language therapists.

## Is the service caring?

### Our findings

All the people and relatives we spoke with were very complimentary about the care and support they received. They found staff to be kind and caring. For example one person told us, "I have been supported by [staff member] for nearly two years. [Staff member] is a very kind and sensitive person. I feel completely secure in their company. I have no qualms at all." A relative told us, "[Staff member] is an absolutely lovely and friendly person. Nothing is too much trouble." Another relative told us, "My partner is not the easiest person to engage with because of their illness. But [Staff member] is so patient and tries various ways to get my partner to relax and chat."

Staff had formed trusting relationships with people and their relatives. One relative told us, "[Staff member] is a good friend to [Family member] and me. I am so grateful for the help we get – we have been blessed. We both feel very relaxed in [Staff member's] company." Another relative said, "[Staff member] has been with us for two years. I have nothing but praise for them. [Staff member] gives me real breathing space because I know they get on so well with my partner." Staff told us they supported the same people on a regular basis and had the opportunity to get to know them and their relatives very well. One staff member felt this enabled them to build a good rapport with people which in turn gave them a greater understanding of their needs and wishes. Another staff member said, "We get to know people and build up trusting relationships with them and they then feel at ease with you."

All the people and relatives we spoke with told us they were involved in decisions about their care and support. They said that staff always asked them what they wanted them to do on each visit. For example, one relative described their regular staff member as "excellent." They said, "[Staff member] is so courteous and polite. They always ask me what I need doing." Another relative said, "I am very confident and relaxed that my partner is in very good hands. I have never felt any concerns about the time my partner spends with the companion. The carers do exactly what we ask of them. A further relative said, [Staff member] responds to any of [Family members] ideas, always being guided by what [Family member] needs."

People and their relatives found that staff and management were respectful towards them and their environment. One relative told us, [Staff member] is very respectful and totally trustworthy." Another relative said, "[Staff member] helps our relative in a very gentle and caring way. [Staff member supports [Family member] to have a shower, get dressed and get ready for the day. [Staff member] does this in a very respectful and gentle way. I know my [Family member] is in very safe hands."

Staff we spoke with were mindful that they were working in people's homes and treated people and their homes with dignity and respect. One staff member told us they always asked people how they preferred to be addressed. Another staff member told us they protected people's dignity by making sure that they had things to hand when assisting them with bathing. This meant people were not left exposed for any length of time which may make them uncomfortable.

## Is the service responsive?

### Our findings

People's needs were assessed prior to them receiving the service. People and their relatives told us they were involved in developing their care plan to meet their individual needs and preferences. People's care plans were subsequently reviewed on an annual basis and they had regular contact from office staff to ask whether the service provided met their needs. One relative told us, "My partner's support is reviewed regularly by [Staff member] to ensure that the help we receive is meeting [Family member's] needs in the best way possible. All the staff are well trained and very thorough. We are very lucky to have the support we get." Another relative said, "The carers go beyond what is stated in the care plan that is reviewed regularly. They will collect medication from the chemist when needed. They work very hard to accommodate our needs."

The manager told us they tried to gather as much information as possible about people's needs and wishes in order to provide individualised support. They also felt this allowed them to 'match' people with staff who had similar interests. This was confirmed by a staff member who told us they strove to find staff that could accommodate people's needs and preferences. We found that care plans we looked at were personalised and demonstrated people were asked about their preferences for service delivery.

Staff told us they had access to detailed care plans and risk assessments and met with people and their relatives prior to working alone with people. They used these opportunities to get to know people's likes and dislikes and how they liked things to be done. One staff member said, "Everyone is different and we want to maintain their identity and individuality." They said they embraced people's diversity and respected their way of doing things. Another staff member told us they enjoyed meeting new people, getting to know about their lives, what they achieved and what was important to them. They felt this helped them support people better.

People were supported by staff who knew them and their support needs well. One relative told us, "[Staff member] really knows my partner's needs. [Staff member] varies what they do together to make each visit as interesting as possible. They talk about what they want to do and then get on with it." Another relative said, "My [Family member] really looks forward to [Staff member] coming. We both think [Staff member] is so fantastic. My [Family member] is not very confident but [Staff member] has a special way of talking to them that encourages them to visit places." They went on to say, "[Staff member] helps my [Family member] get more out of life. [Family member's] well-being has improved so much."

People and their relatives found the service to be responsive and flexible to their needs. They felt able to request changes to their support plans and found these were readily accommodated. One relative explained that they did not 'gel' with one of the staff members who supported them on a personal level. They said, "The office staff understood the situation and were very sympathetic. They changed my carer straight away." Another relative told us, "At first the carers came in the evening to be with my relative. But I realised I could get more done if they came during the day. [Staff member] sorted this out within seven days. I trust the whole team – they only have our best interests at heart."

People and the relatives we spoke with had not had cause to raise a complaint. They were confident that should the need arise that their concerns would be dealt with in a prompt and effective manner. One relative told us, "I have no complaints about any of the people I contact at Crossroads. I am very happy with their support for my family." Another relative said, "If there were any problems I know I could get it sorted out quickly with the office team. But that has never happened." We saw that the provider had a clear complaints process. This was issued to people as part of an information pack they received when they started receiving support from the provider. The manager showed us they had system for responding and tracking the progress of complaints.

# Is the service well-led?

## Our findings

The manager had started work on the 16 December 2016 and was in the process of applying to become the registered manager of the service. The manager told us their vision for the service was to provide the best service that ensured people's safety and was responsive to their needs and wishes. They were keen to ensure the service was about people and not process. Their vision was shared by staff who were passionate about delivering good quality care and support to people and their relatives who cared for them. One staff member said, "I love our service. I want to make it the best it can be."

People and their relatives felt the staff and management were very approachable. One person said, "The staff are really friendly, but they know how to maintain professional standards. They are not over-familiar." A relative said, "The office staff are great. [Staff member] is a lovely lady. They always ring to ask how we are getting on and if there is anything else the team can do for us. We never have any concerns, but [Staff member] keeps asking." Another relative said, "All the staff are easy to deal with. The team works really well together. They are very good at passing messages on to each other."

People and their relatives were impressed with how the service was run. One relative told us, "I have nothing but praise for the whole team." Another relative said, "The office staff have always been so good. They are very pleasant. They run a brilliant service." We saw that the provider sought people's views on the quality of the service through care reviews and annual surveys. They told us they used their findings to improve the service.

The provider published a calendar and quarterly newsletter to keep people and their relatives informed of any developments in the service. This included results of surveys, planned events and details of other support services that were available in the area.

Staff described an open and honest culture within the service. They said they were asked their opinion and felt they and their views were valued. One staff member said, "There is a positive working culture now. They take what I do seriously and I feel a lot more valued." They went on to explain that they had become more involved in decisions and felt that this was the first provider that "Pushed you forward rather than hold you back." Another staff member felt there was mutual respect between care staff, office staff and management. They said, "We are always asked and nothing is taken for granted. When asked in that manner you will put yourself out." The manager and office staff told us they valued the contribution made by staff. When they received compliments about staff these were acknowledged and shared with staff. The provider told us they were also exploring staff awards in recognition of good staff practice.

Staff told us regular team meetings were held where they were comfortable to speak out and felt listened to. They were also kept informed about policy changes and had discussions about practice issues. The manager told us they aimed to use the team meetings to share practice scenarios to support staff learning and development. They told and showed us the provider completed an annual staff survey that was due to be issued to staff in the coming months. They told us they used outcomes of staff surveys and completed exit interviews to establish what staff wanted from them as employers. As a result the provider had recently

increased the rate of pay and were offering contracted hours. They also had a 'refer a friend scheme' where existing staff were given a bonus if the staff they referred remained with the provider for a set length of time.

The provider had a range of checks in place to monitor the quality and safety of the service. These included 'Spot checks' on staff practice. As well as checking staff attitude and approach, the checks ensured that staff practice was safe and in line with policy and procedures. Staff told us they were provided with feedback on their practice following the 'spot checks'. The provider also had a system for auditing care plans and care records to ensure records were of a required standard. Audit records were kept on people's individual care records. The manager had identified that record keeping in some areas required improving. They committed to providing staff with the support required to make the required improvements.

There was a clear management structure in place where the manager and office staff were supported by the head of operations and a board of trustees. The provider operated an 'on call' system where staff were able to access guidance and support outside office hours. The manager felt supported by the provider and could contact other managers for peer support when required.

The provider had forged good links with local organisations and the manager was keen to maintain and build on these relationships. The provider shared an office with the local 'Carers' group and attended 'Carer' meetings across the area. They also worked with 'Make it real' a service user group that worked with the Local Authority to ensure their policy and procedures were client focussed and person centred.

The provider had when appropriate submitted notifications to the Care Quality Commission(CQC). The provider is legally obliged to send CQC notifications of incidents, events or changes that happen within the service in a required timescale. Statutory notifications ensure CQC is aware of important events and play a key role in our ongoing monitoring of services.