

Crossroads Care In Greater Manchester Crossroads Care Salford

Inspection report

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Date of inspection visit:
04 February 2016

Date of publication:
16 March 2016

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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

We carried out this announced inspection on 04 February 2016. The inspection was announced to ensure the manager would be available at the head office to facilitate our inspection.

Our last inspection of this service was in April 2013, where all standards were met. The provider has since moved premises and this was the first time we had inspected at their new location. The local Salford office of Crossroads is based in Eccles, Greater Manchester.

Crossroads Care Salford offers a full range of services including respite services for friends and family members of anything upward of one hour per week. This includes providing personal care, bathing or showering, emergency support and specialist care for adults and children with complex and additional needs. Crossroads Care Salford also provides a short breaks leisure service, in which children with complex medical needs can use a specially adapted minibus for day trips on weekends and school holidays.

For the purpose of this inspection report, family members or friends are referred to as 'Carers', whilst people who received care and support are referred to as 'Cared for people'. At the time of our inspection there were approximately 70 people who used the service.

There was a registered manager in post. 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.

Both carers and cared for people told us they felt safe as a result of the support they received. Staff demonstrated a good understanding of safeguarding procedures and how they would report concerns about people's safety.

Cared for people were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable people.

We looked at the staff rotas to ensure there were sufficient staff available to meet people's needs, which were stored on an electronic call monitoring system. This enabled managers to check care was provided at the correct times to people. During the inspection, neither staff, carers nor cared for people raised any concerns about the current staffing numbers within the service.

Staff told us they felt supported to undertake their work and had access to enough training. Each member of staff we spoke with also told us they completed an induction when they first started working for the service.

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. Staff told us they had undertaken recent training and were able to provide examples of when people may be deprived of their liberty.

Cared for people were supported to maintain good nutritional intake, with carers telling us that staff supported people with tasks such as food preparation where required.

People told us they were treated with dignity and respect staff, who offered them choices and encouraged them to be as independent as possible.

Each person who used the service had a support plan in place, which provided staff with an overview of their support needs and what they needed to do. Electronic copies of these were located at the head office, with hard copies also available in people's homes.

There was a complaints procedure in place. The service user guide also referred specifically to complaints and explained the process people could follow if they were unhappy with any aspects of the service.

The staff we spoke with were positive about the management and leadership of the service. Staff felt the manager was approachable and supported them to carry out their work to a high standard.

We found there were appropriate systems in place to monitor the quality of service effectively. The service had a designated quality assurance lead who undertook regular audits within the service to ensure good governance was maintained to ensure the service continually improved as a result.

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. Carers and cared for people told us they felt safe as a result of the care and support they received from staff.

We found there were sufficient staff available to meet people's needs safely.

Appropriate recruitment checks were in place to ensure it was safe for new staff to work with vulnerable people.

Is the service effective?

Good ●

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

Carers and cared for people said staff asked them for their consent. Staff were able to describe how they sought consent if people did not have capacity to make decisions for themselves.

Is the service caring?

Good ●

The service was caring. People who used the service were happy with the staff team.

Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

Cared for people and carers told us they were treated with dignity and respect by the staff who supported them.

Is the service responsive?

Good ●

The service was responsive. People who used the service had a support plan in place, which staff could refer to about their support needs.

Surveys had been sent to people asking them if they were happy with the service they received.

There was a complaints procedure in place. People told us they had not complained but were aware of the process.

Is the service well-led?

The service was well-led. The service had a designated quality assurance lead who undertook regular checks and audits to ensure good governance within the service.

Staff spoke positively about leadership and management within the service.

Staff said regular team meetings took place where they could discuss their work and raise concerns.

Good ●

Crossroads Care Salford

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.

The inspection took place on 04 February 2016. We gave the service 48 hours' notice to ensure there would be a manager present at the office on the day of the inspection. The inspection was carried out by an adult social care inspector from the Care Quality Commission.

We reviewed information we held about the service in the form of notifications and enquiries received. We also liaised with relevant professionals in advance of the inspection in order to ascertain their views of the service.

Crossroads Care provides respite for carers and assistance for cared for people. We spoke with one person who was cared for, five carers and seven members of staff. This included the registered manager, quality assurance lead for the service and five support workers. We looked at records held by the service, including electronic care plans and staff files, audits, training records and meeting minutes.

Is the service safe?

Our findings

We asked people who used the service, both carers and cared for people, if they felt safe with the support workers. One cared for person said, "I feel very safe. My doors are locked when the staff leave and the key is left in the safe outside". A carer also said to us; "Oh I would definitely say my husband is safe. The way staff are with him is very good and they always makes sure he gets out of the car safely". Another carer said; "My husband certainly doesn't fall as much now. I also trust the staff implicitly". A third carer added; "One of the best things is the safety part. He would let us know if he felt unsafe".

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults and whistleblowing. There was an appropriate policy and procedure available for staff to refer to, and the induction and mandatory training further strengthened staff's knowledge in this area. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "Bruising, wincing and people becoming withdrawn are all things that might make me think someone was being abused. Physical, mental and sexual are all different types of abuse that can occur". Another member of staff said; "I have reported concerns in the past to my manager who contacted the relevant people. Not having any food in the cupboards or the house being cold, could all be signs of potential neglect". Another member of staff added; "If people are neglected or ill-treated in any way then that can be abuse".

We checked to see if there were sufficient numbers of staff available to meet people's needs safely. The registered manager maintained daily rotas showing which staff were scheduled to provide care and support to people in their own homes. We looked at a sample of these and saw sufficient staff were available each day. The service used a call monitoring system to check people received a visit from staff at the times they needed them. Call monitoring systems allowed managers to check care visits had been completed promptly via an electronic system, which can be viewed from the office. During the inspection, staff told us they felt the service had enough staff to meet people's needs. One member of staff said; "As far as I am aware there are enough staff. We don't get asked to provide lots of cover like you often do in other services I have worked at. We help each other out as much as we can". Another member of staff said; "They seem to manage and cover all of the different calls no problems". Another member of staff added; "I think sometimes staffing can be a variable issue. On the whole I feel it is ok though".

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at seven staff personnel records. We saw these contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of two references being sought from previous employers. There was also evidence of application forms being completed, interviews being conducted and proof of identification provided. The staff we spoke with told us they were asked to provide references and complete a DBS form as part of the recruitment process. These had been obtained before staff started working for the service and demonstrated staff had been recruited safely.

We looked at how the service managed people's medicines and found suitable arrangements were in place to ensure this was done safely. As part of the inspection we visited one cared for person in their own home and observed medication being given safely. We saw the support worker asking the persons consent prior to administration and then offered them a glass of water to make it easier for them to swallow. The majority of the carers we spoke with told us staff didn't have any involvement with medication, as this was a task they could do themselves. We looked at the MAR (Medication Administration Records) and found these were signed for by staff when medication was given. We looked at the service's medicines policy, which included appropriate information and guidance on administration, storage, record keeping, errors, disposal, side effects and taking medicines out of the home. We also saw from the training matrix that all staff had been trained in medicines administration. One cared for person said to us; "I have three lots of medication a day. I get it accurately each day when they visit me and my son also makes sure I take it as well".

We found people had various risk assessments in place to keep them safe within their own home. These covered areas such as medication, mobility, fire safety, entrance/exit to the property, use of appliances and food preparation. Where risks were identified, we found that appropriate control measures were in place around how to reduce risk. For example, one person had been identified as having swallowing problems, there was guidance for staff to follow in relation to food being cut up into smaller pieces in order for this person to consume their food safely.

We saw that the service had an accidents, incidents and near misses reporting form. This included guidance for staff and reference to safeguarding and reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) in case an incident needed to be reported via any of these routes. Riddor puts duties on employers to report certain serious workplace accidents.

Is the service effective?

Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. This provided staff with the opportunity to gain an insight into working for the service and undertake any training in advance of the starting their roles. The induction covered areas such as incident reporting, supervision arrangements, safeguarding, code of conduct, health and safety and use of the call monitoring system. The staff we spoke with also said they were able to shadow experienced staff before working alone. One member of staff said; "It was spread over a period of about two weeks and was quite intensive really. I found it to be very thorough". Another member of staff said; "It was interesting and I learnt a lot". A third member of staff added; "The induction was high quality in my opinion".

The staff we spoke with told us they received sufficient training and support in order to undertake their work effectively. We looked at training records, which showed staff were trained in subjects such as moving and handling, safeguarding, medication, equality and diversity, Deprivation of Liberty Safeguards (DoLS), infection control and health and safety. There were also clear records of when training had been completed and when it was due for renewal. One member of staff said to us; "The training is really good and I enjoy doing it as well. Updates are usually completed each year". Another member of staff said; "A lot of the training is based on people's individual needs and one of the good things is that you are not sent anywhere without training or being observed first". A third member of staff added; "The support is good and we can put forward other courses we would like to do. Specific training around seizures was something I was interested in and this was provided".

We found staff received regular supervision from their line manager. Staff supervision enabled managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. Staff supervision records were stored confidentially with topics of conversation including discussion of working hours, training, any work related issues, health and safety, concerns and any communications. The staff we spoke with told us they took place on a regular basis. One member of staff told us; "It's a good opportunity to meet as at times we work quite isolated". Another member of staff said; "They are very useful discussions. It gives is the chance to talk about the people we support and if there are any problems".

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. We saw staff had received training in this area and gave good examples about when people may be deprived of their liberty. One member of staff said; "This training was very interesting. My understanding is that the legislation protects people who can't make decisions for themselves and if they can't then representatives can be involved through best interest meetings". Another member of staff said; "Even people deemed not to have capacity still have the right to make their own decisions even if it is wrong".

Both the cared for people and carers we spoke with told us before receiving care, staff always asked them for their consent. Staff were also able to provide examples of how they did this when supporting people.

People had also been able to sign their care plans stating they were happy for their care package to commence and the support they were to receive. One carer said to us; "Staff always ask for consent first. The staff sometimes empty the catheter bag, which could potentially be embarrassing, but they always check if it is ok first". Another carer told us; "One thing the staff always do is ask first. They check if things are ok with me as well". A member of staff also said to us; "I would always speak with the individual first and ask how they would like things doing. It's important to adhere to their preferences and not to make any assumptions".

We checked to see how people were supported to maintain adequate nutrition and hydration. This was an area which was covered during the initial assessment process where it would be determined how staff could best meet people's support needs. The carers we spoke with told us they required little support from staff with regards to their nutritional intake as this was something they could manage themselves. We saw that if this was a requirement then appropriate support plans were in place for staff to follow. The staff we spoke with were able to describe how they supported people to maintain a good intake of food and liquid and offer people choices. One member of staff said; "One person who I support doesn't eat very well so in order to encourage her I will take my breakfast to her house so we can eat together. She likes porridge and a banana, but I offer choices as well". Another member of staff said; "I sometimes take ready meals to a person who I support, but always make sure I take a variety so they have a choice".

Is the service caring?

Our findings

During the inspection it became clear to us that staff had developed good, caring relationships with the people they supported. Staff were knowledgeable about people and knew about their likes, dislikes and personal preferences. At one of the houses we visited, we observed interactions between staff and cared for people to be friendly, pleasant and warm. A carer commented; "We have all become very good friends since starting to use Crossroads".

Both carers and cared for people told us they were happy with the care and support they received. One cared for person said to us; "They are very good and I can't complain. You can have their attention any time". A carer said; "They have been very good with us I must say. We get on with them so well". Another carer told us; "They provide a very good service. I couldn't do without them. It's marvellous and is the best thing invented". Another carer added; "No problems whatsoever. On a scale of one to ten, they are right up there".

We asked carers and cared for people for their opinions of the staff who supported them. Each person told us they were happy with staff and found them to be caring. One cared for person said to us; "I have always found the staff who look after me to be ok". A carer said; "Everybody is very good. Pleasant and nice I would say. They seem to be very caring and look after people well". Another carer said; "We have the same member of staff who is fabulous. The staff are great and we get on so well. Very caring". Another carer told us; "The staff are helpful, pleasant and we have never been dissatisfied".

Both carers and cared for people said that staff offered them choice and promoted their independence as much as possible. Staff were also able to provide good examples of how they did this when supporting people. One cared for person said; "The staff encourage me to get of bed on my own, which allows me to be independent. They do offer me choice and it's usually around how I spend my day, foods to eat and clothes to wear". A carer also said; "The staff encourage my husband to have a walk round using the zimmer frame. They also allow him to go to the bathroom on his own whilst they wait outside. He can't eat on his own, but they do try and encourage him to hold the cutlery himself". A support worker also told us; "I encourage people to get themselves dressed, to help chop vegetables, dry the dishes and keep people involved. I also ask people if they would like to read the newspaper or magazine and watch TV or listen to the radio. I paint people's nails and ask them what colors they would like".

We asked both cared for people and carers if they felt treated with dignity and respect by staff who cared for them. Staff also provided good examples of how they did this when delivering care. One cared for person said; "The staff have always treated me very well". A carer said to us; "Yes definitely. They always ask and respect his wishes". Another carer told us; "Sometimes my son isn't aware when he has no clothes and the staff deal with it very subtly". A member of staff told us; "We are in their house so must be pleasant and polite. Some people want us to take our shoes off when we go in and we must respect that". Another member of staff said; "I treat the people I care for just as I would want my family member to be treated. I ensure curtains are closed and people are covered as much as possible".

Without exception the carers we spoke with told us they would recommend the service to other people. One

carer said; "I would definitely recommend them and I already have done". Another carer said; "I would recommend them mainly because they are so reliable and helpful". A third carer added; "I would certainly recommend them. They seem to be very caring about what they do".

Is the service responsive?

Our findings

Both cared for people and carers felt the service was responsive to their needs and that staff assisted them with things they required. One cared for person said; "Each visit the staff make me my breakfast, prepare some food for me and give me my medication. That is all I need". A carer said; "It's all very good. Our main requirements involve a sitting service, providing company and reading to my husband". Another carer said; "They collect my son from school in a special bus and that is a real big help. I wouldn't like these services to stop. They are very beneficial to us".

The staff we spoke with were able to give good examples of how they aimed to deliver person centred care to people. One member of staff said; "I always read people's care plans, speak with people and also their next of kin. It is very important to get to know what people want and to let them call the shots. The care plan shapes people's schedule and the kind of things they want to do". Another member of staff told us; "On one occasion, a person I support was wearing pants that were completely the wrong size and were a bit long. However they were adamant they wanted to wear them and I respected that was what they wanted to do, because they liked them so much". A third carer added; "Sometimes we will just sit and watch whatever TV programme they want to watch. This helps to stimulate conversation based on what people want to talk about and the things they are interested in".

Each carer we spoke with told us they felt fully involved in the care and support provided to their family member. One carer said; "When we first started using the service somebody came out to see us to do an assessment. They also came a couple of weeks ago to do a review and I was fully involved". Another carer said; "They keep me fully involved and I am in regular contact with the office". Another carer said; "I'm involved from morning until night". When we asked a fourth carer about their involvement in the support their family member received, we were told; "We have an annual review and there is nothing that goes on that I don't already know about".

We found once referrals to Crossroads had been made, the service then completed an 'Adults assessment form'. We found assessments had been completed for each person and provided a focus on communication/sensory status, medication, mobility, memory, eating/drinking, bathing/showering, continence and information about people's background and life history. Any associated risks were captured at this stage also and transferred onto risk assessments. This allowed staff to gain an understanding of the kinds of care and support people required. Staff told us the service endeavoured to match up workers with people they would be working with to help ensure compatibility. This would be based on criteria such as age, personality or whether people were particularly outgoing.

We looked at people's care plans, which were stored electronically in the office, with a hard copy also available at people's houses. The records included a range of health and personal information and risk assessments around issues such as mobility, environment and medicines. There was also detailed information about people's likes, dislikes, preferences and how they like their care to be delivered. We saw the life history took into account where people lived, marriage, school attended and what they used to do for a job. There was also clear guidance for staff to follow people's support needs, any outcomes they

wanted to achieve and specific tasks they needed to undertake. We were told reviews were completed each year, or as required and we saw this was the case with the care plans we looked at.

We looked at the most recent satisfaction survey sent out in 2015. This asked people for their opinions about enablement, if they were happy with the service, views of staff, improved quality of life, cancelled/missed calls and any improvements they might like to make. Staff were also asked to share their views about working for the service and were asked about job satisfaction, learning and development opportunities and opinions of the management team. The feedback was analysed with overall scores given for each response. Some suggestions which had been raised included ensuring that certain venues were risk assessed in advance for certain activities and ensuring that if the driver of the adapted bus was going to be different, then people were told who it was going to be so they recognised them. These suggestions were then added to an action plan with a timescale for completion so that the service could formulate a response

The service had a complaints policy and procedure in place and complaints, comments and compliments were added to a data base. A report was sent to the board each month and this was analysed for patterns and trends, which would then be addressed with actions. The complaints procedure was outlined in the information pack and clearly explained how people could complain. Both carers and cared for people said they hadn't yet needed to make a complaint about the service they received. One carer said; "We have never had to complaint and I'm confident it would be handled appropriately".

Crossroads hosted several events throughout the year, so that people could socialise with others who used the service if they wished to. They also organised specific trips for the children they supported and there was a carers' week and a breakfast event. Some of trips and activities people had taken part in included visits to the chill factor, Lego land, various pantomimes a donkey sanctuary, farm visits to feed animals and wheels for all, which is a cycle group for people with a disability.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The staff we spoke with felt the service was well – led and managed. One member of staff said; "I definitely think it is. On the whole I think it runs very smoothly and I've never had any problems. It's very organised and training is regular". Another member of staff said; "There are many good systems in place like supervision, training, web rosters and policies and procedures. There is always someone to speak with". A third member of staff told us; "There is always someone on the end of the phone to support us with anything".

During the inspection we spoke with five carers who spoke favourably about how the service was managed. One carer told us; "From what I can see it is very well managed. They have always been very nice with my husband as well". Another carer said; "They are very good and obliging with anything we may want to change. Very flexible as well". Another carer added; "Yes it is and they listen to what we want as well. They try to fit in with people's needs and work around what people want".

The staff we spoke with told us they enjoyed their work and spoke of a positive culture within the service. One member of staff said; "I think the majority of staff have a very good demeanour about them. It seems like people are pleased to see each other and there is a good atmosphere". Another member of staff said; "I definitely would say there is a positive culture. The recent staff feedback questionnaire highlighted how supported we all felt". Another member of staff added; "Everyone seems to be very positive, we all get on well and people seem to enjoy their job. I have never encountered any bitterness between people. The nature of our work is very important. There are no 15 minute calls like you get with some services and that means people get the correct amount of time that they need. That is a big plus".

We found there were appropriate systems in place to monitor the quality of service effectively. This meant the service could continually improve as a result. The service had a designated quality assurance lead who undertook regular audits within the service to ensure good governance was maintained. The service used an internal audit tool known as Practical Quality Assurance System for Small Organisations (PQASSO). We looked at these and saw they covered areas such as new referrals, call monitoring systems, care plans, staff recruitment, supervision and staff training. The audits provided an overview of any findings or things that needed to be implemented, along with any action that needed to be taken.

There were also systems in place to carry out observations and spot check of practice to ensure staff were working to high standards. We looked at a sample of these records and saw they provided a focus on staff arriving on time, moving and handling techniques, administration of medication, use of PPE (Personal Protective Equipment) and dress code. This provided management with the opportunity to see how staff worked, offer support and highlight areas for improvement where necessary.

We looked at the minutes of recent team meeting, which had taken place. The manager said these took place on a monthly basis. Some of the topics of discussion included new staff, recruitment, policies and procedures and on-call arrangements. One member of staff said to us; "We usually meet as a team each month. If you can't attend they are very good at making sure you receive a copy of the minutes and are fully aware of what was discussed".

There were various policies and procedures in place at the service. These covered areas such as safeguarding, medication, challenging behaviour, whistleblowing, equality and diversity and complaints. The policies and procedures were all stored electronically with staff having the relevant link embedded in their work phone so they could access them at the times they needed them and required a password to have full access. The service also had a business continuity plan in place. This covered power cuts, severe weather conditions, road traffic accidents, theft and IT (Information Technology) failure. This meant the service had various contingency methods in place should anything go wrong with certain aspects of the service.